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MEDICAL PROGRESS, LOCAL AND GENERAL.

The Presidential Address,
delivered on October 14th, 1891, at the opening
of the 18th Session of the Bristol Medico-Chirurgical Society.

BY

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My first duty and pleasure in taking this chair is to express my thanks to you, the members of the Bristol Medico-Chirurgical Society, for the kind honour you have paid me in selecting me as your President.

Our Society, under its present constitution, was founded on February 24th, 1874, by forty-four members of the medical profession in Bristol and Clifton, "for the cultivation of medicine and surgery in all their branches." It was the resuscitation of an older Society under the same name, in which excellent work had been done until within a short period of the date mentioned.

Seventeen and a half years is not a very long time, and yet within it many of those who laid the foundations of our present satisfactory position have passed away. No less than four of my predecessors in this chair have gone to their last resting-place, leaving their work and example to us. The ready eloquence and mental acumen of Frederick Brittan, whose loss we have so recently had to deplore, made him an admirable first President; and his inaugural address on "Contagion and the Germ Theory" showed a kind of prescience of the extreme importance that this subject was about to bear in the development of medical knowledge. The second address from a President was given four years later by Henry Edward Fripp, upon a very similar subject, "The Doctrine of Contagium Vivum, and its Relations to Parasitic Disease." And since this time an address has formed an important unit in the duties of each succeeding President—a responsibility that must be borne, no matter how incompetent one may feel to undertake it.

A suggestion was made by Dr. Fripp, in the course of his address, that an occasional volume of original papers should be issued under the Society's auspices. The outcome of this was the publication in 1878 of the first volume of the *Transactions* of the Bristol Medico-Chirurgical Society, containing selections from the proceedings during the years 1874 to 1878. To this volume Dr. Fripp wrote a preface, characterised by much philosophic thought. Regarding the new departure, he said: "However unpretending as a literary effort, the publication of *Transactions* by a society marks its growing self-consciousness of present active power, and its faith in the present and prospective usefulness of such an undertaking. The self-criticism which it excites is also

in itself a source of strength, and a powerful motive to further exertion. We may assume that local interests, which have slumbered, will again spring up in connection with the local volume of Medico-Chirurgical *Transactions*. Such a volume might even be welcomed as a proof that the medical centre of the West of England maintains its claim to be considered a teaching power, fairly abreast with the general progress of science, and able to sustain its old repute."

Within a year of resigning the chair to his successor, Henry Fripp was no more; and Crosby Leonard (who, although never President of the Society, was chairman of the meeting at which it was founded) had died a few months before him. The successor was one of very high professional experience, possessed of unusual surgical insight and ability, William Michell Clarke, who left us still in the prime of his intellectual vigour. Samuel Martyn, scientific physician and physiologist, had died while he was still President of the Society in 1876; so that of our first six Presidents only two are left—and may they long remain our surgical Nestors—Coe and Augustin Prichard.

In 1882 the second volume of *Transactions* should have been issued, but it seemed to several of our members inexpedient to publish papers so long after they had been read, and when time had deprived them of much of their original value; and, moreover, it was thought that a more comprehensive form of publication should be issued at shorter intervals.

Mr. Griffiths and Mr. Greig Smith proposed in committee "that a journal should be issued, to embrace the work of the medical men in Bristol and its neighbourhood," but they received little or no support from their

colleagues on the committee. Shortly afterwards, however, the following resolution, which expressed a feeling that had become wide-spread amongst the members of the Society, was carried at a general meeting without any dissentient vote:—

"That, in the opinion of the Society, the time has come when the various medical and surgical interests of the West of England ought to be united by the publication of a periodical journal, which might appear under the auspices of the Bristol Medico-Chirurgical Society."

A sub-committee of nine members was appointed to make inquiries, and report thereon. It was afterwards decided, on the recommendation of this sub-committee, that the *Bristol Medico-Chirurgical Journal* should be published forthwith in half-yearly numbers, with Mr. J. Greig Smith as editor, and Mr. L. M. Griffiths as publication secretary. The detailed arrangements respecting the publication were left to the General Committee of the Medico-Chirurgical Society. A letter sent by the editor to the medical men of the neighbourhood contains passages which well express the reason for the appearance of the new *Journal*:—"When (other) provincial centres are each represented by vigorous and influential periodicals, it seems natural that a district, so large and populous as the West of England and South Wales, should also have its professional mouthpiece. Such a publication, issued in our midst, and supported by ourselves, would not only rescue from oblivion much that might otherwise be lost, but would also stimulate us more keenly in our efforts to advance medical science. The proposed *Journal* is not intended to rival existing periodicals, but to supplement them. Much valuable

material is crowded out of our weekly journals for want of room, and a knowledge of this fact frequently discourages men from seeking to record cases and observations of great value. That there is room for the *Journal* there can be no doubt; its success depends entirely on the heartiness with which the medical men of the district will support it and write for it. The fact that the members of the Bristol Medico-Chirurgical Society are prepared to be its sponsors and guarantors is sufficient assurance that it will be broad and liberal in its views and aims."

Nothing could exceed the devotion and energy displayed by the editor and his colleague in the early conduct of the *Journal*. Between them was a rare combination of literary ability both for medical and for general subjects, good business capacity, and a full intention that the *Journal* should succeed. In Mr. Arrowsmith they found a publisher who, by his experience and readiness to advise, has given invaluable assistance.

After two half-yearly issues, the *Journal* appeared quarterly, as it does at present. Each year has shown a profit on the *Journal* account, and this has been allowed to collect, until an aggregate sum of £260 has been reached. The *Journal* has never been any charge upon the Society, and has been delivered without any cost to the members.

In connection with the life of this *Journal* was accumulating a large amount of medical literature, which our editors had carefully stored, and which they intended, when the time came, to make the nucleus of a thoroughly good medical library.

Mr. Griffiths, when he was President of the Society, proposed that this project should be carried out; but no

definite step was taken in this direction until the committee, acting upon a request from a large number of members of the Society, presented a report at the annual meeting last year, in which the details for the formation of the library of the Bristol Medico-Chirurgical Society were set out.

The library was formally opened, at 28 Berkeley Square, by Mr. S. H. Swayne, on January 5th, 1891.

I will venture here, as this is the first annual meeting of the Society that has taken place since that date, to express our thanks to Mr. Greig Smith, who, as editor of the *Journal*, laid the foundations of the library, and by his unceasing advocacy has prepared the way and assisted in its development; and to Mr. Griffiths, upon whom, as our first librarian, the labour of completion of the work has entirely fallen, and to whom also is due the credit of the financial position of the *Journal*, which has allowed the liberal help of £100 towards the foundation of the library.

There is an unusually complete set of about eighty journals lying on our tables. The books number 1,800, and include many of the classic works on medicine. We have to thank private liberality for the greater number of these, our most beneficent donor being the British Medical Association. No more important step has ever been taken in the medical life of Bristol than the foundation of this library, and in its satisfactory completion and continuance we may all assist. The recent September issue contains a list of the books we at present possess, and your attention is particularly drawn to the Transactions and Reports marked with an asterisk because they are incomplete.

It is just a quarter of a century since I entered as a student at King's College, London. Anatomy was as

well taught then as it is now, but Histology was in its infancy, and Physiology, as at present understood, was a sealed book. Very little was known of the workings of the nervous system. Hughlings Jackson was busy in collecting clinical and pathological facts, but Ferrier's work had not been conceived.

Pyæmia, erysipelas, and hectic fever were constantly present in our hospital wards; but Lister was just beginning to grasp the importance to surgery of what Pasteur was doing in another field of work, and the remarkable effects which had followed the use of carbolic acid on the sewage of the town of Carlisle induced him to try what result this remedy would produce on wounds.

In 1867 his earlier papers on "Antiseptics" were published, showing that perfect healing occurred under a solid crust of blood and carbolic acid, the absorbing power of granulations on the exfoliation of bone, and the value of carbolic paste (with linseed oil and carbonate of lime) as an antiseptic dressing. Torsion and acupressure of vessels—in the place of the old ligature, which used to ulcerate right through the artery, and was a prolific cause of secondary hemorrhage—was just being advocated, but was soon superseded by the knowledge that the ligature under antiseptic treatment might be cut short and allowed to absorb. Yet surgeons would not recognise these things, although attention was further drawn to them by Syme, to whom it was evident that an immense improvement had taken place in surgical practice, which promised to produce a great diminution in human suffering and danger.

At the same time Thompson and others were busy in diseases of the urinary tract. Lithotrity was on its trial, and Clover was suggesting the importance of washing

out the *débris*. Spencer Wells had just written his first edition of *Diseases of the Ovaries: their Diagnosis and Treatment*.

The separate entity of typhus and typhoid fever had lately been admitted by all the best authorities in England, but this position was still assailed by many writers.

In 1867, also, Cohnheim's paper on the "Emigration of the Blood Corpuscles" was published, and the true pathology of inflammation illustrated and explained.

Lockhart Clarke's investigations on the histology of locomotor ataxy, an increasing confidence in the use of nitrous oxide for anæsthesia, and the introduction of Politzer's bag for injection of air into the Eustachian tube, while this is opened by the action of the tensor palati in swallowing, are other indications of the position of medical knowledge at this time; and it was not until 1872 that hyperpyrexia in fevers was combated by the application of cold.

Not long ago we were content with a knowledge of pathological changes in the tissues, and their effects upon the organ and the individual. Modern bacteriological research aims at a recognition of the way in which these abnormal tissue-changes are brought about, and seeks to prevent the development of the earlier causes, and to destroy them before they have damaged the body. The triumphs of surgery seem to have no bounds, and modern diagnosis is only delayed by the limits of physiology.

Yet, despite the claims that we really possess to a sound scientific knowledge of the processes of life, death, and disease, I think we appeal but little to popular appreciation. The public cannot understand the foundations

in biology upon which our art is based, and they entirely misjudge the possibilities of our judgment or dexterity. The poor give credit only to the drug prescribed; the wealthy, whose experience is in change of fashion rather than in gradual progress, encourage the development of every kind of new craze in professional labelling or sectarianism.

In such a Society as ours, truth should be sought for as well as originality. We want to make the ground sure as we proceed; and for this purpose it is essential that all who really have experience should give it us. There is much yet to be learned about the etiology and inheritance of disease. Gout, syphilis, struma, alcoholism—for instance—can only be perfectly handled by those practitioners who have a knowledge of its working through several generations of a family.

Points concerning the life history of disease cannot be satisfactorily ascertained in hospital wards, partly from want of time, mainly because the witnesses are illiterate and untrustworthy. Private practice also is the best field for accurate testing of the value of remedies; and the general practitioner, by his breadth of knowledge, should always be a welcome critic on any branch of specialism.

Just at the commencement of my student days strong controversy was waging against specialism, and the formation of special hospitals, which had been forced into existence by the short-sighted policy adopted by the larger general institutions, whose managers declined to recognise the advisability of any subdivision of labour in medical work, beyond that of medicine from surgery, except perhaps diseases of women and of the eye.

The consequence of this policy was that many comparatively obscure or neglected branches of the healing

art had fallen into the hands of quacks, and were only rescued from them by orthodox practitioners, who started here and there small institutions for the treatment of some particular organ. Concentrated study led to increasingly successful treatment, attendance of patients and pecuniary support both increased; and when students found fresh fields of study, which their own school of medicine did not afford, and young men, such as Jonathan Hutchinson and Morell Mackenzie, accepted posts upon the staffs, it was evident that something was wanting in the opportunities afforded at the general hospitals.

Both the *Lancet* and *British Medical Journal* strongly advised the formation of special departments in the hospitals, to which medical schools were attached, both for the sake of the students, and to prevent the quite unnecessary competition in charitable medical relief, which was rapidly developing, and which ought to have been prevented in anticipation by an earlier reform.

It was felt that the large general hospitals should be as perfectly equipped as possible, to deal with disease in all its phases; and that they should afford complete instruction to all classes of practitioners.

The principle of special departments was soon accepted; some few pure specialists were appointed, but in most cases the work was divided amongst certain existing members of the hospital staffs. Thus, at King's College, Dr. George Johnson took charge of the throat, and Dr. Duffin of diseases of the skin; while at St. Bartholomew's, eye, ear, skin, and orthopædic departments were founded; and at St. Mary's, one for diseases of the throat.

Thus patients became classified to their own advantage, for the better advance of science, and for the convenience

of both teacher and learners. There exists now in almost all the hospitals, both in London and the provinces, to which medical schools are attached, special departments for diseases of women, the eye, throat, ear, and skin. Each one of them (and the same may be said of dentistry) is but a branch of the tree of medicine,—not a separate study of itself, but one that can only be properly understood and dealt with through a competent appreciation of its associates and a good knowledge of the general principles that regulate the whole science.

Medicine cannot be split off into small sections, for there is overlapping at every point; yet the field of work is so vast that there is surely room for division of labour; and the history of the progress of our art shows that the greatest advances have been made by those whose attention has been mainly directed to one particular subject.

In this country most of the best original work has been done by general surgeons and physicians, and for this reason some have been apt to question somewhat the advantage of the existence of specialists. It is obvious, however, that the progress has been made by individual concentration of thought in one direction, and a comparative lack of interest in others. The labour has been distinctly specialised, though the workers would refuse the designation "specialist." The *prestige* of the great hospitals and medical schools has naturally kept about them the best young intellects in the profession, particularly those who could afford to study, and wait in patience for the tide to fortune; and when these have been elected to hospital posts, they have been well content to settle happily in the midst of the conditions they have found about them, and there has been little tendency to encourage changes.

It will be admitted that, among the best known names of the younger members of eminence in the profession, many are prominent in association with some particular branch of work, and their consultation practice will mainly lie in the direction thus indicated. It is interesting to note how often the winner of the Jacksonian Prize Essay has come to be the leading authority on the subject of his paper.

The fact of gaining the prize was an early indication of special aptitude, or of opportunity for dealing with the problems involved in the inquiry. Other men of ability, for various reasons, have become associated with the special hospitals in London, and have been most assiduous penmen, the numerous journals now devoted to each special branch being both the cause and effect of this literary energy. The interchange of foreign thought and practice through these channels has led to very rapid development of knowledge amongst the workers in every department of medicine and surgery; and whilst the German in his laboratory gets credit for minuteness of detail and much originality of suggestion, the English can lay claim, through the large number of patients attending their clinics, to unusual opportunities for practical experience, and for great aptitude in the treatment of disease.

Much excellent work has been done by our specialists, who are, I believe, per head of the population, in a very small minority compared with those of any other country. In Paris about two in five practise almost exclusively some speciality, and a large proportion are found in every good-sized town in Germany.

Exclusive specialism may easily be carried in small departments beyond legitimate bounds; its practice no

doubt tends to narrowness of view, and has a temptation to over-estimate its own importance. Still, it gives opportunity for refinement in examination of minute particulars, as well as wide observations from which comes skill in diagnosis and operations; and even if the importance of a symptom in the organ complained of is over estimated and too much attention is paid to its remedy by local means, the mistake is no greater than is frequently repeated by those who see in everything a constitutional state, and who, without taking the trouble to satisfy themselves thoroughly as to the local conditions, prognose recovery from the local malady as the health gets better or as the weather improves. On the other hand, many practitioners are well informed in most branches of special work, and use with complete mastery many of the instruments of precision which have become so numerous and so essential. The organ at fault requires the first intelligent consideration; and it is only after a competent examination of local defect that the constitution should be blamed and physicked.

At the same time, however definite the local lesion and however special the complaint, the fullest consideration must of course be given to the constitutional state.

All true knowledge tends towards simplicity; and as the essential principles which regulate the treatment of the various pathological states, wherever they occur, become more definite, and the anatomical peculiarities of each organ are more thoroughly appreciated, and the various methods and means for their thorough examination become more generally understood, much of the work that is now the province of the specialist will become the property of the family physician; whilst there always remain intricacies in diagnosis, refinements

and difficulties in operative treatment, and cases of unusual occurrence, for which the aid of the specialist will continue to be sought. Moreover the element of time must be considered, and the doctor who is engaged in a single class of work will more rapidly and thoroughly form a good opinion in a case that is an ordinary one to him, than will his colleague who has equal ability but a wider range of subjects on which to expend his energy.

One result of this great development of medical energy, in association with the charitable impulses of our time, has been the present growth of charitable medical relief. Cottage hospitals are springing up everywhere; first-rate operators and diagnosticians are found in every county infirmary. In London there are 8,000 beds, which annually relieve about 75,000 in-patients. One million one hundred thousand out-patients is an enormous percentage on a population of five millions; and thirteen hundred honorary medical officers give their services for the skilled help required by this mass of invalids.

The recent inquiry by the Committee of the House of Lords shows that, on the whole, the great voluntary hospitals of London are well administered by their honorary committees and medical staffs, and compare most favourably with the management of the rate-supported hospitals. Still, it is evident that charitable medical relief in London and elsewhere requires organisation, in the interests of philanthropy, of the charitable public, of the medical profession, and of the patients themselves.

First, it is evident that in London the hospitals are too irregularly distributed. Thus, within a mile radius of the Middlesex are 8 general and 26 special hospitals, providing a total of 2,050 beds; in addition to dispensa-

ries and poor-law infirmaries. In other districts there is scarcely any charitable medical relief at all. In many of the well-to-do suburbs, hospitals seem to be springing up where probably they are not required, and, by attending patients who could well afford moderate fees, are interfering with the local junior practitioners.

It would be clearly advantageous if some central authority existed, which could decide before any new hospital is started whether there is a necessity for its existence in the common good. If new hospitals are to be built, that which seems to be particularly needful, specially in the neighbourhood of London and all large centres, is the establishment of institutions for convalescents, to which (after serious illness, and long before they are able under present conditions to leave the hospital ward) patients might be sent. The fundamental work of the hospitals consists in the treatment of in-patients, and by far the largest part of their expenditure is devoted to this object.

But little can be said against *in-patient* hospital aid. It would be difficult to refuse the hospital bed to anyone seriously ill; yet as hospitals were originally founded by the rich for the benefit of the poor, and as medical men (with the exception of the juniors holding the resident posts) willingly and rightly give the best of their abilities quite gratuitously, inquiry should be made concerning the recipients of the help, and those who can afford to do so should be obliged to pay.

Nowadays the position of the working-classes has immensely improved, and they subscribe very liberally to the hospital expenses. The Birmingham Saturday fund, in 1891, handed over £10,300 to be divided amongst the medical charities as a free gift, without any specified returns in *quid pro quo;* and besides this sum, they con-

tributed £7,000 to the hospitals in return for tickets. The artisan classes in the principal provincial towns contribute nearly £60,000 a year, at a cost on collection of 5 per cent. (as against £16,000 subscribed in London, at a cost of 10 per cent.). In Bristol, for each of the past three years, the Hospital Sunday fund has collected about £600, which was paid over to the charities in full, without any charge whatever for collecting; and the Hospital Saturday fund at the same period amounted to an average of about £1,200. There seems some reason for believing that as the money subscribed by the working-classes increases, that from the middle and upper classes gets less; and among those who fail to subscribe are small employers of labour. The amount received from subscriptions, especially to the general hospitals of London, seems to be relatively small. Legacies are the most fruitful source of revenue, representing about 20 per cent., but varying much in amount, as they are mainly left to the larger London and provincial hospitals, where the most difficult cases are sent for treatment: this fact is remembered by the wealthy when arranging to leave behind them a tithe of their wealth in the best interests of humanity. Hospital committees are importunate in their appeals for aid, and yet how many of them barely pay their way! Indeed, few hospitals could continue to exist without the help of legacies, which ought properly to be invested, and not to be used for paying debts.

Every unfair use of the charity, therefore, should be by them resented as an expense which they cannot afford. Moreover, as the doctors are giving services which if charged for on the most moderate scale would involve an enormous expense to the community, the representatives of the subscribers should undertake to see that no patients

receive charitable medical relief who can afford, under the circumstances, to pay for the services of their ordinary medical man. No member of the profession would wish to receive fees from those who are really unable to pay them, and we are always anxious to be of service to any sufferer from illness; but it is the duty of relatives and friends to help, even if they have to deny something to themselves, rather than to take advantage of the ease with which unpaid medical assistance can be procured.

"Do as you would be done by" should help the sick and deserving; but the recipient and his friends should remember the motto as well as medical charity. Neither the hospitals nor the medical profession can afford to give away their stock-in-trade; and it is clearly unjust that they should be asked to do so by those who can well afford to pay for it. Good advice can be obtained at the present day at a very moderate cost, in comfort, and without the loss of time that charitable relief usually involves. The definition of a proper applicant for out-patient hospital relief is not an easy one. Any urgent case should receive immediate treatment; but after this "First aid," the patient's claim upon further charitable help must depend upon whether he can fairly be asked to pay for such medical assistance as the nature of the case requires. It is of course most difficult to draw a line between the well-to-do, who ought to pay a private doctor, and the *industrious poor*. The *destitute poor*, who require food, fire, and clothing, rather than medicine, should be treated through the agency of the Poor Law. A resolute effort has been made in Birmingham (which may fairly be considered the pioneer in perfecting the systems of the collection and distribution of workmen's contributions) to grapple with

the difficulties concerned in the proper application of medical charity.

The Report of the Birmingham Hospital Reform Inquiry Committee, consisting of representatives of the medical charities of the city and other organisations allied to them and of representatives of the medical profession, is well worthy of study. It is published by Osborne & Son, 84 New Street, Birmingham.

Without relying absolutely on statistics, it is evident that in most large cities the mass of patients attending the hospital out-patient rooms is more than can be satisfactorily dealt with. Exclusion of a considerable number of them is to be recommended from two aspects: some of the applicants are too well off, while others are not sufficiently ill.

The Provident Branch of the Metropolitan Hospital, in Kingsland Road, was founded to try and prevent locally the abuse of out-patient departments. The work was limited to people of the district, within a mile radius of the Dispensary, who were unable to pay medical men. A wage limit was fixed of 21/- for a bachelor, and of 35/- for the whole earnings of a family. At University College there is, I believe, a wage limit of 30/- for out-patient relief. But a paid income test is quite inadequate. It falls unfairly upon a man with a sickly wife or children, who is thus put to constant expense on their behalf; or upon one whose family are suffering from sudden severe illness. A complicated malady or an operation renders hospital aid justifiable to some persons who would have no right to come for an ordinary ailment.

The hospitals should decline trivial cases, for which sick clubs and provident dispensaries afford medical aid. An impulse would thus be given to self-help amongst the

labouring classes, the friendly societies would increase and prosper, and an additional income would reach the medical men associated with them.

It may here be urged that the provident dispensary or club is open to the abuse that it may be used by those who ought to pay more liberal fees. Well, then the rules must be so framed as to prevent it, by a wage limit or some similar means. If medical men were united as to what is fair to their patients and just to one another, many of the difficulties in these questions would disappear, and fees would be maintained on an equitable basis. The overcrowding of out-patient departments with trivial or incurable cases keeps waiting those who are suffering from more serious maladies, and wastes the energies of the medical staff.

Large firms and bodies of workmen, I think, should employ private medical men at centres convenient for the workshops; and the hospital out-patient rooms should be opened for any cases sent on by medical men which require special help, or are of a more serious nature than they have time to attend to; or that require operations, or any kind of instrumental or mechanical treatment; or in which the artisans themselves require further advice.

The neighbouring practitioners would thus be relieved of any feeling as to unfair hospital competition; trivial cases would be excluded, and at the same time an increased guarantee would be afforded of the financial position of the patients. Time would be saved for all concerned. Statistics based on the quantity of patients would be replaced by those based upon quality of work, and students of medicine would have the advantage of being leisurely taught on selected cases, amply sufficient,

both in number and in variety of kind and degree, for all the exigencies of future practice.

Any question that has reference to students is of particular interest just now to us in Bristol, for the medical wing of University College is rapidly approaching completion; and I am sure those members of the Medico-Chirurgical Society who, like myself, have no connection with the School of Medicine most heartily congratulate the faculty on this step towards its further prosperity.

A hospital is a great gainer by being affiliated to a medical school. Facts tend to show that those hospitals to which students are attached are the most popular with patients, who like full attention and inquiry to be given to their cases. The students stimulate the efforts and interest of their teachers towards a high standard of medical and surgical work. They give much help in working out the detail and history of cases, in making chemical and microscopical examinations, and in assisting generally in the work of the wards, particularly as surgical dressers. They save time to the staff, and thus relieve them for a higher concentration upon the more abstruse and difficult cases. Were it not for the medical school, paid officers would have to replace the clerks and dressers in many of the larger hospitals.

Some of our fellow-citizens in Bristol have shown they understand that there are advantages in the possession of a school for medicine in their midst, for they have given considerable help towards the erection of the new school buildings. The subscribers would have been much more numerous if the true facts as to these advantages were better understood. Moreover, our Medical School faculty has earned the gratitude of those who are concerned or interested in the development of higher scientific training;

for it was from the old Medical School, in Park Row, that the proposition originally emanated to start in Bristol a united College for science and literature. University College is the outcome of this conception; but circumstances have rendered the union of the College and of the Medical School less complete than, for their mutual advantages, it ought to be. The completion of the new wing will, I hope, culminate in their incorporation and in their continued prosperity.

I believe that the Bristol Medical School is an advantage to every medical practitioner amongst us; and it is evident that it materially fosters and assists the work done by our medical associations.

Gentlemen, we must all continue to be students as long as we practise medicine. May we all work together in the good old friendly rivalry of former student days; and may our meetings in this Society always tend, not only to our increasing wisdom, but to our continuous friendship.

EPILEPSY TREATED BY SULPHONAL.

BY

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ON reading some early notes[1] on "Sulphonal," I came to the conclusion that the drug might prove of great use in certain cases of epilepsy, especially in those which had not been much benefited by the bromides.

In epilepsy we have to treat both cause and effect; for if the fits have been numerous, and if the cause, which

[1] *British Medical Journal*, Vol. I., 1888, p. 864, and Vol. II., 1888, p. 31.

may have lasted for a long time, has disappeared, they may persist because the brain, so to speak, has become used to being epileptic. It has acquired a considerable hyper-excitability, and the fits may have determined secondary lesions, which are often incurable.

Sulphonal can, in suppressing the fits, prevent these secondary lesions, if given in time, and it thus aids in the ultimate cure. Also, when the cause is unknown or inaccessible to treatment, it can still, in lessening the number or severity of the fits, make life more comfortable both to the patient and his friends.

In the following few cases, sulphonal was given at bedtime, in two separate doses. The total quantity given varied from 10 to 40 grains, according to the severity of the symptoms and tolerance of the drug. If pushed too far, it causes the patient to feel sleepy and languid during the day. This should, I think, be avoided. In all my cases, I have found that the fits have either ceased as long as the drug was taken, or have been greatly diminished both in number and intensity. Of course the cases chosen were principally those on whom the more ordinary treatment had little or no effect.

Case I.—A. D., æt. 22. Patient had suffered from epilepsy since he was eleven years of age.

Cause was supposed to be a fright. No hereditary history.

The fits began with a cry, and the patient fell foaming at the mouth. He passed his urine without knowing it, during the fits. He was restless at night, cried out every now and then, and slept little. He had about three fits a week. All the ordinary drugs had been tried, but none of them produced any permanent good. Chloral quieted him for the time being, but left him enervated, and the

fits which followed were very violent. He is almost a complete idiot. He says he is afraid of someone, who he says runs after him, and that the other patients annoy him. When he speaks he stutters over certain syllables.

The right frontal region is not so prominent as the left. Right pupil slightly dilated.

Treatment.—July 1st. Sulphonal, grs. xl., was given at bedtime, in two doses. The patient slept all night, and did not present next day any symptoms of interest. No fits.

July 2nd. Slept all night, after getting sulphonal, grs. xxx. No fits.

July 3rd. No sulphonal.

July 4th. Towards noon, one fit. Was given sulphonal, grs. xl., at bedtime.

July 5th. No sulphonal. One fit about 8 p.m.

July 6th, 7th, and 8th. Got sulphonal, grs. xxx., each night. No fits.

July 9th. Sulphonal, grs. xx. No fits.

July 10th, 11th, and 12th. Sulphonal, grs. xv., given each night. No fits.

July 13th and 14th. No sulphonal. One fit towards the evening of the 14th.

July 15th, 16th, 17th, and 18th. Sulphonal, in doses ranging from 40 grains to 10. No fits.

From the 18th July the patient received regularly a dose of sulphonal at bedtime, varying in quantity according to his state. It was found that his fits could be kept in check almost entirely by this means, and his general health has much improved.

Case II.—H. B., æt. 12. Has had fits, for the last year, almost daily.

No cause can be given, and her family history is good.

The fits come on without aura. After the fits she has severe frontal and occipital headache, and is very difficult to manage. After undergoing a course of the bromides, she was put on sulphonal; 20 grains were given for a fortnight, when the dose was reduced to 10 grains. At the end of a month it was stopped. During this period she had fits on the first three days of treatment, but has had none since; and now appears perfectly well, one year after her discharge.

Case III.—L. B., æt. 24, farm labourer. He has suffered from fits since he was ten years of age. Cause unknown, but he comes of a nervous family.

The fits occur almost daily; and he is noisy at night, and very difficult to manage, being destructive and pugnacious. Chloral had been tried with fair success to quiet him, but had no effect on the fits. He was put on sulphonal, getting it regularly at bedtime, in doses of 20 to 10 grains. Since this has been carried out, the fits, although not ceasing, have diminished in number and severity. He is much more easily managed, and does not fight so often. His weight has increased, and his general health is much improved.

Case IV.—C. H., æt. 40, farm labourer. He has had fits since 18 years of age. No cause known. Family history good. The fits occur about once a week. They are followed by prolonged headaches and vertigo. His mind is much enfeebled, and he is said to be a thoroughly bad character. His body is covered with bruises and old cicatrices.

For a month he was put on sulphonal, 20 or 10 grains, according to the effect. It was always reduced on the slightest sign of sleepiness during the day. During this

period he had only one fit, and did not complain of headache or vertigo after it. Unfortunately, after this period he was removed by his friends, and I have been unable to obtain his after history.

Case V.—C. D., æt. 23. Has suffered from fits since he was sixteen years of age. His father and mother died of phthisis, and he has a brother who is epileptic.

The fits occur once or twice a month. About an hour before a fit he feels sick. The right side is the one principally affected. Left frontal region much less prominent than right. For ten days he got sulphonal, grs. xv.; but then, as it produced great lassitude and desire to sleep, the dose was reduced to grs. v. This was continued for a month, and as he had no return of the fits he was discharged well, and I hear has remained so ever since (over a twelvemonth).

Case VI.—A. C., æt. 53. Has suffered from epilepsy for the last five years. Nothing could be made out of the family history. Five years ago he had an attack of right hemiplegia.

At the present time his intelligence and memory are feeble. His right forearm is flexed to a right angle with the upper arm, and the fingers are bent inwards until they rest on the epigastrium; the joints are quite stiff, and the muscles are much atrophied. The fits occur almost nightly. He is very dirty and wet.

Sulphonal, grs. x. to grs. xx., was given for a month, and during this period he had only four fits and three attacks of vertigo. At the end of the month he was put on bromide of potassium as an experiment; but the fits recurred more frequently, and he was again placed on small doses of sulphonal. He gets it daily, and continues

to improve, and remains fairly free from fits four months after starting the sulphonal treatment.

Case VII.—L. J., æt. 17. He has suffered from epilepsy since he was fourteen years of age. Cause unknown. He has a brother who is likewise epileptic.

The fits occur about once a week, and are severe in character. His mind is much enfeebled, and he is greatly given to masturbation. He was put on sulphonal, grs. xv., and this was continued for a month, during which time he had only one fit. He now gets 10 grains every second night, and this keeps him comparatively free from fits. His mental condition remains much the same.

Case VIII.—H. D., æt. 33. Has had fits since he was eighteen. An aunt died during an epileptic fit, and he has an uncle who also suffers from epilepsy.

He suffers from slight divergent strabismus, said to have been the result of "infantile paralysis." He has a fit about every two days. Mentally, he is much enfeebled, and is quarrelsome. During one month he got sulphonal, grs. xv., and, as the fits were not so frequent, the dose was reduced to 10 grains every second night. He is now (six months after the commencement of the treatment) much improved both mentally and bodily, and the fits have almost ceased. He is in a fair way, I think, to recover almost completely.

Health-Resorts in the West of England and South Wales.

V.

MALVERN.

BY

WALTER TYRRELL, M.R.C.S. Eng., L.S.A.,

Medical Officer of Health for Great Malvern.

THERE is a well-known Midland County proverb which boldly asserts that—

"On Malvern Hill
A man may live as long as he will."

Now, although unable to endorse this statement as absolute truth, yet I think I shall be able to show in the following pages that the Malvern range can claim advantages of position, soil, and atmospheric conditions which render it not merely of value as a health-resort, but also singularly efficacious in remedying certain constitutional defects, and restoring to tone and vigour organs whose defaults of function have been brought about from overwork, mental distress, or residence in low-lying or malarial districts.

I shall endeavour first to show in what particulars Malvern differs from almost all other health-resorts, and in what its peculiar advantages consist: this done, I shall seek to point out those diseases which I have found to be most benefited by the climate and general surroundings, and the manner in which such favourable results are obtained.

The Malvern range of hills extends for eight or nine miles in a direction nearly due north and south. The North Hill, which terminates the range in that direction, is rather over 1300 feet in height, and is surrounded by houses which line the road, which, gradually ascending, winds round it from east to west.

Great Malvern lies 500 feet above the sea on the eastern side of the range, in a somewhat sheltered valley between the North and Beacon Hills. At its back the Worcestershire Beacon rises to a height of 1400 feet.

Although it is principally of Great Malvern that I purpose treating, yet I may here mention that West Malvern, which is situate 850 feet above the sea, possesses great advantages at certain times of the year. In summer it is especially favoured by its elevated position and exposure to the soft west winds. Lying as it does close under the brow of the hill, it is thoroughly sheltered from the east and north. Its great altitude also keeps it free from fogs and mists.

Malvern Wells, lying to the south of Great Malvern, is thoroughly sheltered, and possesses much the same salubrious conditions as the latter town.

I may briefly note the favourable conditions which have combined to make the climate of Malvern so excellent for the treatment of many forms of disease. These are (1) its aspect, (2) its elevation, and (3) the nature of its soil.

From its situation high up on the eastern side of the Malvern range, and having no hill in front of it by which mists and moisture can be retained, it follows that all cloud and wet which accompany the west and southerly winds, striking the hill on the west side, are thrown upwards, and passing over the town, are blown completely away, thus

ensuring a marked absence of moisture. Again, the elevation and easterly aspect of the town ensure the incidence of the earliest sun-rays, which, poured on the hillside, are retained during the day by the sparsely-covered Syenite which forms its bulk, to be radiated forth so soon as the chills of evening set in, thus ensuring the very slight variation between the day and night temperatures—a feature of the climate which is as advantageous as it is remarkable.

Again, as the town is built in a recess or valley on the hillside, not thrust forward on a spur or projection, it is naturally much sheltered, especially from the east wind; for a phenomenon similar to that which I have described as occurring on the west side of the hill, gives us an immunity from this "wind of God," as Kingsley somewhat inaptly terms it. In this case the easterly wind strikes the foot of the hill, and is thus thrown upward and passes over our heads. In the quarter of a century, during which I have resided in Great Malvern, I have never seen any damage which resulted from an easterly or north-easterly gale; while the southerly and south-westerly gales, from which we would appear to be quite protected, often thunder down our hillside, driven by the pressure of the gale as it tops the hill, and carry destruction to roof and tree.

Naturally, Malvern owes much to its elevation; to this, and partly also to the somewhat precipitous character of the rise, it owes its very complete and rapid drainage: even when rain has fallen for many consecutive hours, two or three hours' cessation, with a sun and breeze, will suffice to set the dust blowing.

So far as temperature is concerned, it is not difficult to explain why Malvern is so much warmer than many

other places, apparently so much more favoured by situation: the equability and moderation of our temperature is, no doubt, mainly due to the absence of moisture from the air, and the supply of dry heat which is constantly furnished by that vast firebrick of Syenite at our back. Whatever the cause, the fact remains that if a thermometer be carried from the level of the town to the valley below, it will be found to fall from 8 to 10 degrees in the course of its transit; and Cheltenham, which is situated in a sheltered valley about twenty miles from Malvern, is always from 10 to 12 degrees colder than Great Malvern in winter. No doubt many of the important characteristics of Malvern air are due to the nature of its soil, which, consisting chiefly of rocky *débris* eroded from the hill, is porous, light, and dry; while the great mass of Syenite upon which it rests acts as a most effective filter, and supplies us with the purest and most delicious water in England.

The freedom from fog and mist, which is so happy a feature of the climate of Malvern, is certainly due to the favourable combination of aspect, elevation, and soil. In the cold weather which usually succeeds the rains of autumn, and when fogs and dense mists enfold most parts of England in gloom and darkness, Malvern is usually bright and sunny; indeed, November and December are among our best months, and we often rise with a bright blue, sunny sky above us, to find the valley below wrapped in a white sea of fog.

Of course the absence of moisture robs the cold of its rigours. It is a common remark of visitors that they never feel the cold in Malvern.

I will first recapitulate those peculiar advantages which the air of Malvern affords, and will then endeavour to

point out the diseases to the cure or alleviation of which these conditions are advantageous.

(1) The dryness of the air and its highly-oxygenated and consequently invigorating properties; the dryness of the soil, so that out-door exercise is almost always possible.

(2) The large amount of sun and the immunity from mist and fog, so that the functions of respiration and consequently of vascular circulation are carried on with greater ease.

(3) And, perhaps, most important is the equable nature of the temperature, the variation between the night and day measurements being unusually small.

We now come to the main purpose of this paper; viz., to endeavour to show what forms of disease are most benefited by the atmospheric conditions which I have enumerated.

Congestion is a disorder which manifestly precedes and induces many forms of disease. More especially is this the case where the lungs and air-passages are concerned. In most cases, no doubt, this tendency to local congestion is due to natural deficiency or failure of the vigour and circulation of nerve force; so that not only does the vascular circulation suffer from a deficient *vis a tergo*, but there is also a marked default in the power of resistance to outside causes, such as cold and damp.

I would point out, then, that it is in disordered conditions of the vascular system that Malvern air is especially beneficial. One of the most common forms under which we recognise this default, is in the various stages of congestion which precede and accompany the deposit of tubercle, and it is precisely in these initiatory conditions that the greatest benefit is to be gained.

In phthisis—and I take this as the most fatal form of

lung disease—there is, as in all other disorders, a natural tendency to recovery, and many cases do undoubtedly get well even under the most adverse circumstances, a fact which will be conceded by all who have had much experience in examinations of the body after death: the number of cases in which old-standing disease of the lungs is found to have undergone a process of natural cure is very large.

This fact should encourage us to endeavour to secure for those in whom such indications of disease exist the most favourable vital conditions. It is, of course, of primary importance that such patients should breathe an atmosphere not only free from mechanical and chemical impurities, but also of equable temperature, and as far as possible free from humidity: it is positive, from ascertained facts, that it is under such conditions that the greatest immunity from phthisis is found. It is, then, to climatic influence that we must first look in the treatment of lung disease; and it is to this that all other plans of treatment must be subservient. Medicine, for instance, can never be more than an adjuvant.

To stay the oncoming of disease is, of course, the first point; but even when once established, much may be done to aid Nature in the reparative process which she is always endeavouring to set up. In both these alternatives, climate is of the greatest importance. The antecedent stages of phthisis are almost all of a congestive type, usually accompanied by more or less febrile action; there is an accelerated pulse and heart action, and a rapidity of combustion which leads to rapid loss of fatty matter. Now, it is this early stage of the disorder that a dry cold air is so successful in combating: the continued respiration of a bracing tonic air leads to a contraction of the vascular

system of the mucous membrane, and a consequent abatement of the congestion. Another quite as effective, though less apparent, reason for this result is, no doubt, the tonic action which dry cold has on the nervous circulation: under such conditions there naturally ensues a subsidence of the febrile action.

What I have said above respecting phthisis applies with equal force to all those states of congestion which, though more passive in their nature, attend upon and keep up chronic bronchitis. A most marked instance of the action of this climate on such a case came under my care two years ago. A gentleman of middle age had suffered for many years from continued attacks of bronchitis, with the utmost difficulty of breathing, and accompanied by more or less spasmodic asthma. There was, as the attack subsided, the most profuse muco-purulent expectoration, his vital power was low, and his emaciation extreme. In 1889 I attended him for the first time through a most severe attack. I advised a trial of a residence in Malvern; he having previously tried almost all climates, home as well as foreign. Since that date he has only had one seizure of any importance. He passed through the rigours of last winter with impunity. He has gained considerably in flesh, and really enjoys very good health.

Patients who come to Malvern suffering from the conditions which I have endeavoured to describe often make great gains in flesh. I often find such cases gain from two to six pounds in weight in the month. In two cases which have come here this autumn,—in the first of which there existed the antecedent symptoms of phthisis; in the second, the deposit of tubercle had actually taken place,—the first case gained over four pounds of flesh in the

month; the latter, eight. Nor are such results at all uncommon. In both cases there was a corresponding improvement in the general health.

There are certain conditions which have their origin in defective nervous control, and which are to be met with in young persons of either sex, in which the benefits to be derived from a residence in Malvern air are so decided, that I make no apology for particularising them. The symptoms are those of general vital depression, the most evident signs of which are the derangement of the functions of most of the abdominal organs. These patients, who are often at or about the period of puberty, become full-bellied; the limbs lose their firm muscularity, and become wasted and flabby; the complexion becomes dull, and the skin damp and clammy. They are readily wearied, and complain of a corresponding mental fatigue; they are also irritable and peevish. In this state, or rather in the condition following upon it, the glands are liable to become enlarged and take on unhealthy inflammation. The liver is often enlarged and tender, and the bowels, in consequence, constipated and irregular. Now, these states are more readily benefited by a change to a dry, bracing air than by any other method.

The results of depraved nutrition are often manifested by sensation sometime before they become evident by any physical change. A sense of languor, and want of power and energy, is often complained of. After a time the patient loses flesh, and the features become pinched and faded; the eye loses its wonted expression, except under excitement or at night, when its increased brilliancy and enlarged pupil bespeak febrile excitement and nervous irritability. The mouth becomes drawn and the alæ nasi are dilated. With all these palpable changes, the functions

of almost all internal organs become impeded; sluggish action of the bowels is common, alternating at times with irritable diarrhœa; the menstrual epoch is likely to be irregular, often delayed, at times altogether suspended; the urine deposits lithates, and many dyspeptic symptoms are apt to occur.

The febrile irritability is manifested by a pulse of from 80 to 100, increasing towards evening; at the same time these changes are often coincident with a marked deterioration in the quality of the blood, with a great deficiency of red particles.

The mental state coincides exactly with these physical conditions: the morning is all lassitude and languor; the evening, excitement and feverish restlessness. Insomnia is also often a prominent symptom.

This is a fairly true picture of the states which precede phthisis—states which are undoubtedly most surely relieved by change of climate. But, in the multitude of counsellors, which climate is most likely to cure the patient? Some recommend the high altitudes of Davos-Platz or St. Moritz; others, again, pin their faith on the Riviera, or those sheltered health-resorts which lie in the South of France or the valleys of the Pyrenees. Others, again, advise a voyage and a residence, longer or shorter, in South America or Australia. All these schemes have their advantages in certain cases; all have the possibility of still greater disadvantage. And it is rare to find two cases to which the same method, or a like change of climate, is applicable.

The heroic measure of transplanting your patient into the highly-rarefied air and extreme cold of the very high altitudes is applicable only to such cases as are in their earliest stages, and have still a large amount of vigour of

constitution. The Riviera has its dangers in rapid changes of climate, sudden or extreme variations of temperature, and an almost complete absence of any sanitary rule; and, unless the patient be wealthy, to these must be added the entire change from a nourishing plain diet to bad meat, worse cooked. And, again, the tedious length of journey, the loss of home and its familiar surroundings, and a possible ignorance of the language spoken, should all be taken into account. "*Cœlum, non animum, mutant qui trans mare currunt;*" and the *mal de pays* is probably more strong in the disordered than in the healthy subject.

In conclusion, I cannot do better than quote the words of the late Dr. J. Henry Bennet, who, writing on this point, says: "For summer, Alpine elevations in Europe are, no doubt, an immense improvement on the heated plains and cities of Continental Europe, and it is easy to understand the rush made to them by the Germans and Swiss; but are they superior in climate and health advantages to the cool, breezy shores and hills of Great Britain for invalids? I doubt it."

The stimulating effect of cold upon the vascular and nervous systems needs no demonstration here; but the amount of vitality which may be conveyed into the system by the constant inspiration of a cold dry air, largely charged with oxygen, can hardly be imagined.

There is a well-known form of congestion of the pharynx and larynx which, from the frequency with which it occurs in members of the profession, has been termed "Clergyman's throat." It is ordinarily due to over-exertion of the vocal organs in vitiated atmospheres or damp relaxing climates: it is at times accompanied by a gouty state of the blood.

On examination, the mucous membrane of the back of

the pharynx is found to be thickened, of a deep crimson colour, and traversed by enlarged and tortuous vessels. The laryngoscope shows more or less relaxation of the vocal cords. Now, to watch the curative effect of the dry cold air upon such cases is most gratifying. I have every winter several such cases under my care, and am always much interested in watching the certainty and rapidity with which a return to a healthy condition comes on.

Meteorological data, unless they extend over a very lengthened period of observation and embrace a wide observation of phenomena, must be more or less open to fallacy; but the evidence which Nature supplies in the forms of vegetable life with which she clothes more favoured spots, is of undeniable value.

In Malvern, the beauty and luxuriance of the growth of the evergreens, many of them of a most delicate nature, is, I believe, unsurpassed; thus affording incontestable evidence of the dry, mild, and equable climate. This positive evidence is, however, well borne out by the meteorological statistics, which afford evidence strongly confirmatory of the views I have here expressed. Space will not permit me to extend a paper which has already run to a rather unconscionable length.

It is out of the fulness of the heart that the mouth speaketh; and holding very strong views on the eligibility of the Malvern range as a health-resort for all patients who have in any way lost their nervous vigour, I have no hesitation in pressing upon the profession a recognition of its virtues.

Progress of the Medical Sciences.

MEDICINE.

An excellent review of Intermittent or "Functional" Albuminuria has been contributed by Dr. J. W. Brannan,[1] who gives an account of the autopsy upon a typical case. Many cases of intermittent albuminuria have several factors in their causation, and classification must therefore be more or less arbitrary; but the following scheme of subdivision is propounded:—Class I., Dyscrasic; Class II., Mechanical; and Class III., Neurotic.

The first class includes the early stages of Semmola's dyscrasic condition, especially hetero-albuminæmia; albuminuria due to derangements of the gastro-intestinal and hepatic viscera, that due to gout, that associated with glycosuria, and probably that following a cold bath. The second class comprises the albuminuria of adolescents, or "cyclical" (Pavy). This is found at all periods of life, and apparently depends principally upon position. On rising in the morning the weight of blood resting on the renal veins is suddenly increased, and albumin appears in the urine in one or two hours, and gradually disappears during the day. The albuminuria does not appear so long as the patient remains in bed. Herringham found that there was no relation between this albuminuria and diet on the one hand, or the excretion of urea and uric acid on the other. Heubner, who observed this condition in three sisters, found that even forced movements do not induce it, provided that the patient remains in the recumbent posture. The third class is composed of those cases of albuminuria following anxiety or intellectual effort, such as passing examinations. Sir A. Clark has seen it repeatedly follow political speaking in persons at other times free from it. Perhaps also those cases of albuminuria due to excessive physical exercise should be included here, as both this and the preceding form are due to weakened state of renal vaso-motor centres. Dr. Goodhart suggests that in such cases there may be a visceral flux, comparable to that which takes place about the head and face of a neurotic

[1] *New York Med. Journ.*, July 4, 1891.

woman; and thinks that they give support to Dr. Clifford Allbutt's view, that granular kidney dates its origin from a period of anxiety or worry. Dr. Brannan thinks that all varieties of functional albuminuria, unless arrested, will result ultimately in change of renal structure. Albuminuria is always pathological, and the nutritive changes in the glomerular epithelium may be slight or only temporary, but not the less abnormal. Lecorché and Talamon believe it to be caused by glomerulitis, limited to a few glomeruli at a time. In the case of "functional" albuminuria, in which an autopsy was obtained after death by suicide, eight specimens of urine had been examined during a preceding period of six months: of these, seven were absolutely normal in every way; in the remaining specimen, a slight amount of albumin was discovered after filtering the urine, but no casts of any kind. The epithelium of the convoluted tubules showed fatty degeneration, the glomerular capsules were thickened by fibrous tissue in concentric layers, and here and there were small areas of round-cell formation. A man, therefore, in *apparent* perfect health, whose infrequent albuminuria would fairly have been considered functional, showed commencing nephritis as well as marked commencing degeneration of the vascular system. Such a case carries with it a significant warning.

* * * *

The relation of albuminuria to life insurance is likely to become a highly serious question. Several insurance companies are proposing to abolish the medical examination of candidates for insurance, apparently as a matter of economy or parsimony. Now, it is evident that a person, the subject of an unknown albuminuria, may, with unimpeachable *bona fides*, declare himself to be in sound health to the best of his belief, although in reality far advanced in parenchymatous or interstitial nephritis. An extreme instance came under my own notice lately. At the discussion at the annual meeting of the British Medical Association in 1889, of the fifteen distinguished physicians who took part in the debate, five favoured the acceptance of persons with albuminuria, who were otherwise healthy, at advanced rates, or for short terms; five others advised postponement until the disappearance of the albumin, and only two advocated rejection outright, among the first being Pavy, Johnson, and Saundby. Harley attaches more importance to the specific gravity than to the presence of albumin or casts; Tyson thinks life assurance companies, in justice, ought to recognise a condition of purely

functional albuminuria. Grainger Stewart says that the existence of albuminuria is not of itself a sufficient ground for rejection; that tests have demonstrated albuminuria to be present in one-third of the population; and that Bright's disease does not account "but for a fraction" of the cases of albuminuria. Among persons applying for life insurance, Dr. Brannan found 14 per cent. had more or less albumin in their urine, although in not more than 5 per cent. did he find albumin without other symptoms of Bright's disease. Rabagliati considers that in a case with only a trace of albumin, no casts or other definite lesion, the life may be taken as having an expectation of attaining its fifty-seventh year. Pollock proposes acceptance for five years, with re-examination upon the expiration of that period. The latest authoritative exposition on the subject is by Dr. W. B. Davis of Cincinnati,[1] who gives a code of stringent rules applicable to such candidates, one of these rules being that there must be a period in the twenty-four hours when the urine is free from albumin. He concludes his remarks by saying that when the conditions of these rules are met, the candidate may be accepted for a short endowment policy; for until the clinical significance of albuminuria in persons apparently healthy has been finally determined by observations upon one full generation, we cannot, and probably ought not, to expect the assurance companies to do any better for them.

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Those who have been carefully making repeated examinations of the acidity of the contents of patients' stomachs during digestion, must have been disappointed by the capricious variability of the results—a variability so great as considerably to impair the validity of the test as a means of diagnosis. It is generally agreed that the colour reactions with phloroglucin-vanillin and benzo-purpurin are trustworthily indicative of the presence of free hydrochloric acid in the gastric secretion. Constantly one finds no reaction for free acid when there is nothing obviously abnormal in the stomach and its functions. Recently published researches may perhaps explain this apparent contradiction. Hayem and Winter[2] lay great stress on the conclusions of Richet, that the principal part of the hydrochloric acid is secreted and contained in the stomach as organic compounds of chlorine. All previous methods they condemn, as not taking into consideration these organic compounds of chlorine; and the clinical results of Ewald and Boas they think illusory for

[1] *Medical Record*, June 13, 1891. [2] *Du Chimisme Stomacal.*

the same reason. Salkowski considers that he has proved that the digestive power of the gastric secretion was the same whether the hydrochloric acid was combined with the amido-acids, or whether the fluid was an equally strong hydrochloric acid pepsin solution. Rosenheim,[1] though not agreeing with Salkowski that solutions of hydrochlorate of leucin are equally as potent as free hydrochloric acid solutions containing the same amount of pepsin, admits the diminution of digestive power to be but slight in the case of the amido-acids, though very considerable in the case of albumoses and peptones. Rosenheim also found that not infrequently in natural digestion the function went on in the absence of free hydrochloric acid, though the more abundant the acid the more rapid the process. Saundby[2] records a case of fatal perforating gastric ulcer, whose stomach-contents during life gave no evidence of free hydrochloric acid. Most physicians have seen similar cases. Obviously what we now want is an easily-applied test, which will show hydrochloric acid in organic combination.

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Bacteriologists are still divided into two sections: those who hold that microbes gaining entrance into a living body are destroyed by the leucocytes, and those who believe that the microbes are destroyed by the blood-serum and body-fluids in general. The contention almost daily receives additional arguments and experimental evidence upon both sides, and undoubtedly the preponderance of opinion is toward the cell-destroying action of the phagocytes, as Metschnikoff denominates the leucocytes in this particular capacity. Still, it is clear that the theory of phagocytosis is by no means totally adequate to explain immunity, congenital or acquired. Burdon Sanderson, in his Croonian lectures, is careful to limit the meaning and importance of "the unquestionable fact of phagocytosis," and assigns to it a very secondary place in the mechanism of immunity. Metschnikoff himself, in a *critique*[3] upon tuberculin, admits that the leucocytes "incept," but do not destroy the tubercular bacilli; all that they can do is to hinder their development, and so it is comprehensible that the phagocytes, unable to destroy the bacilli, become the means of propagating the disease in other regions, and of transforming a localised into a general malady; passing along the lymphatics, and so into the blood, they become located in a position distant from

[1] *Centralblatt für klin. Med.*, Sept., 1891. [2] *Birmingham Med. Review*, Oct., 1891.
[3] *Annales de l'Institut Pasteur*, No. 3, 1891.

inflammatory action, and serve as foci of new tubercular growths. "Inception" therefore is completely different from destructive phagocytosis. Finger [1] has shown that the bacilli of glanders, injected into non-susceptible animals, like white mice, rapidly die and disappear without any intervention on the part of the leucocytes, destroyed by the microbicidal properties of the fluids of the tissues. Last year Behring and Kitasato showed that cell-free blood-serum, taken from animals which had been rendered immune to tetanus and diphtheria, was capable of curing other animals suffering from those diseases. Recently G. and F. Klemperer have shown[2] that the same holds good for pneumonia; serum taken from animals enjoying immunity was found capable of curing pneumonic septicæmia. Various other such examples could be adduced. These bactericidal and immunity-conferring substances are termed defensive proteids by Hankin, and alexins by Buchner. Of what nature they are is not exactly known, beyond that they are either globulins, or inseparably connected with the globulin of the blood. Adami's[3] opinion, constituting a kind of reconciliation between the two opposing theories, is that they are derived from, or elaborated within, facultative phagocytes, and are found in the serum owing to the breaking down of those corpuscles. It is almost certain that there must be a considerable number of these defensive proteids, though in this connection Burdon Sanderson speaks of *a* substance contained in the liquor sanguinis, inasmuch as the blood-serum which confers immunity against one infective disease does not do so against any other. Some trials have been made in the treatment of pneumonia in the human subject upon this method of therapeutics, but at present we wait with eagerness the result of further experiment.

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Tuberculosis being the commonest serious disease known to be due to an infective organism, experiment and therapeusis have of late been mainly directed by bacteriologists to the investigation of that malady. Merely to relate the nature of the different "cures" which have been introduced within the last few months would alone more than occupy the space available for this Report. With perhaps the exception of Lannelongue's treatment of tubercular joints by the injection of solution of chloride of zinc into the immediate periphery of the articulation, thereby inducing a sclerogenic process,

[1] *Wien. med. Wochen.*, No. 19, 1891. [2] *Berl. klin. Wochen.*, Aug. 24, 31, 1891.
[3] *Medical Chronicle*, May, 1891.

probably none of the methods brought forward during the present year possess advantage over processes known before. Koch published a few weeks ago another communication on tuberculin, of which the opening remarks are regrettably peevish in tone, and the details given in the body of the manifesto greatly disappointing. His so-called "pure" tuberculin, when used in the Moabit Hospital, was found not to differ appreciably in its action from the crude substance, the diagnostic and therapeutic effects of both being the same. Still more recently Klebs has published [1] his own researches, and certainly has been more successful than Koch in separating the various active constituents present in crude tuberculin. The remedial substance he finds to be an albumose, never exciting fever; and under its use the bacilli in the sputum become granular, less and less capable of taking staining reagents, and finally disappear. It is well to observe that Koch himself, Klebs, and Ehrlich now only make use of very small doses of tuberculin, carefully avoiding the production of the injurious "reaction," so sought for at first. Klebs, indeed, is far from having approached Hunter and Watson Cheyne in investigating the nature and actions of the component principles of tuberculin. There is no need to call attention to the researches of our own countrymen as being of intense interest, and probably of intense importance; but, although their results are corroborated, their work is absolutely ignored by their continental *collaborateurs*. Hueppe has quite lately vigorously criticised [2] Koch, his methods and his communications, justly upbraiding him with ignoring the equal knowledge both of his predecessors and contemporaries. Partly deplorable and partly unsatisfactory as all this may be, it will in time help to guide us in our track towards immunity—the El Dorado for which as yet, in the case of tubercle, we are only able to hope.

* * * *

If it is possible to show more completely how impotent the Lunacy Act of 1890 is to protect medical men against unjust actions for damages for having signed certificates under the Act, two cases, which have lately been tried, give plenary proof thereof. In the one case a doctor gives a statement about a man, who is his regular patient, and who had already been in an asylum for suicidal melancholia, to the effect that he is of unsound mind. This statement was given for the purpose of being taken to the relieving officer, by whom it was in due course employed to effect the man's

[1] *Deutsch. med. Wochen.*, Nov. 5, 1891. [2] *Berl. klin. Wochen.*

removal to a workhouse infirmary. A year after the man's discharge he brings an action against the doctor, and obtains a verdict of £25 damages. The doctor had undoubtedly made the error of not seeing his patient immediately before giving the statement; but the judge, while ruling that the statement was not a libel, imported collateral issues into his summing-up, and upon them it must be presumed the verdict was given. The other case is of a much more iniquitous nature, as these supposedly protective clauses were deliberately violated. Dr. Alfred Carpenter and Dr. Dukes, of Croydon, have recently emerged from the trial of an action, which had been hanging over their heads for two years, with damages laid at £2,000 against each of them. First of all, directly contrary to the provisions of sec. 331, more than a year had elapsed after the discharge from confinement of the plaintiff before the action was commenced; and, secondly, under sec. 330, sub-sec. ii., application was made to the High Court to stay proceedings, but without success. It is of special interest in this case to note that the Counsel for the defence argued his case entirely on the basis of the reasonable care and good faith of the defendants, and did not attempt to prove the insanity of the plaintiff, as hitherto it has always been thought necessary to do. This is a distinct gain to the medical profession, so far as it goes. In the end a verdict with costs was entered for the defendants; but, as usually happens, the plaintiff is impecunious, and our respected colleagues, besides the worry and anxiety endured, are subjected to a heavy pecuniary loss for legal expenses. Although the case has been commented upon by the leading medical journals, it is a matter for regret to see that nothing has been done towards raising a fund by which to render some compensation to Drs. Carpenter and Dukes. Under circumstances so peculiarly harassing, it is a sincere consolation to receive sympathy and help from one's professional brethren. *Experto crede!*

Since the above was set in type it is satisfactory to note that the plaintiff's appeal for a new trial has been dismissed, and that some compensation to the defendants is likely to result from a letter by Dr. Carpenter in the *Lancet* of Dec. 12.

J. E. SHAW.

* * * *

Now that another epidemic of influenza is upon us, a consideration of the official report of the Epidemic of 1889-90, by Dr. Franklin Parsons, is of great interest.

Although bacteriologists have not been able to associate

the disease uniformly with any specific germ, the diplococcus pneumoniæ found to be frequently present, and the streptococcus pyogenes even more constantly, both being probably results rather than the cause of the disease, the facts given by Dr. Parsons show:

1. That the progress of the epidemic was contrary to the prevailing winds, and that it was independent of season or any particular kind of weather;

2. That it has not been shown to have travelled faster than human beings could travel;

3. That it has not occurred among persons placed under circumstances precluding its communication by human agency;

4. That as a general rule in each country it has appeared first in the capital, or the ports of entry, or the frontier towns in communication with countries previously invaded, and that the towns, as a rule have been affected earlier than country places;

5. That neighbouring communities have in certain instances been affected only at considerably different dates;

6. That many instances are recorded of the disease having been introduced into a district, and spread to persons in contact with the patient, and sometimes afterwards to others;

7. That persons brought much into contact with others, *e.g.*, people going daily to business in towns, have generally been the first to suffer; their households, and people locally employed, being affected later;

8. That in public services and establishments persons employed together in large numbers in enclosed spaces have suffered in larger proportions than those employed few together, or in the open air;

9. That in institutions in which the inmates are brought much into association the epidemic has more quickly attained its height, has prevailed more extensively, and been sooner over, than in those in which the inmates are more secluded from one another;

Hence Dr. Parsons is of opinion "that the epidemic has been propagated mainly, perhaps entirely, by human intercourse."

Dr. Buchanan's judgment on the question is also very decided, as he writes: "Probably no evidence has ever been put on record in such abundance as that accumulated in Dr. Parsons's report, to show that in its epidemic form influenza is an eminently infectious complaint, communicable in the ordinary personal relations of individuals one with another. It appears to me that there can henceforth be no doubt about the fact."

The following from Dr. Bezly Thorne will be of interest: "I believe that influenza is an infectious and febrile affection of the cerebro-spinal nerve centres: that the *materies morbi* enters the system through the conjunctiva, in which structure it probably incubates its infecting brood, and thence passes through the tissues of the eye and optic nerve into the encephalon and spinal cord: that the overflow of the tears carries the infection through the nasal duct into the nares, which may or may not pass into a state of acute catarrh according to the state of health in which they happen to be at the time: that from the nares infecting material passes from the post-nasal region into both the œsophagus and larynx, and that affections of the respiratory or gastro-intestinal systems may ensue, or not, according to whether they present the conditions which are favourable to the development of acute catarrhal affections."

R. SHINGLETON SMITH.

SURGERY.

Dr. R. W. Taylor [1] advances some excellent reasons for disbelief in the utility of excision of the chancre as an abortive treatment of syphilis. He records three cases of his own, where the initial lesion was freely excised on the first day of its appearance, and in each case constitutional symptoms of syphilis followed after the usual interval. In one of the cases, a careful microscopical examination of the parts adjacent to the chancre was made by Dr. Van Gieson, who found a remarkable change in the blood-vessels for a considerable distance around the lesion. This change in the blood-vessels consisted in the distension of the perivascular spaces with small round cells, the masses of cells forming a sheath for the blood-vessels like a coat-sleeve around the arm. Besides this condition of the perivascular spaces, there was a change in the endothelial cells lining the arteries and veins, the endothelial cells being swollen and proliferating. The microscope thus showed how deep-rooted syphilis is at the very beginning of the sore, by having propagated itself along the perivascular lymph spaces, and how futile it is to attempt to stay syphilis by excising the primary sore.

Dr. Taylor's studies go to show that in the very first days of syphilitic infection, as shown by the chancre after the first period of incubation, the poison is deeply rooted beneath the

[1] *Medical Record*, July 4, 1891.

initial lesion, and that it extends far beyond it; that it is in a most active state, and running along the course of the vessels, it soon infects all the parts beyond, even to the roots of the penis. He describes the consensus of opinion among advanced syphilographers of to-day as being that the operation is utterly futile; and he especially quotes Ricord, who in his later years said that he considered the destruction of the infecting chancre as absolutely useless (in a prophylactic sense), no matter how early it is done; that it is certain that even before its appearance syphilis exists, and that even if the entire penis should be amputated before the chancre showed itself, syphilis would follow nevertheless.

This view is strongly combated by Dr. S. Pollitzer of New York.[1] He maintains that the observations of Auspitz, Unna, Pick, and many others, go to show that it is sometimes possible to remove the primary syphiloma entirely; while in other cases excision of the syphilitic growth can be at least partial.

The bacteriological researches of Bouchard and Chauveau have demonstrated that the intensity of infection is (within limits) directly dependent on the number of pathogenic organisms. If, therefore, we remove the reservoir of infection by excising the chancre promptly, we are helping the organism in its struggle against the invader, and there is at least a theoretical possibility that the intensity of the infection will be mitigated. That this is actually the case there is a considerable amount of evidence. At the Berlin Congress, Ehlers of Copenhagen reported thirty-seven excisions in which the patients had remained under observation for several years. In only ten per cent. of these did severe forms of syphilis develop, whereas the proportion of cases of severe syphilis in general is about thirty-five per cent.

Of fifteen cases upon which Jullien operated, three showed absolutely no signs of syphilis later, and in a fourth the disease was so attenuated—if not wholly eradicated—that the patient acquired later a second syphilitic chancre. Leloir, in a recent paper, reports several cases in which absence of all symptoms followed after excision of the chancre.

From these and similar cases, Dr. Pollitzer thinks we are warranted in saying that there is some probability that a syphilis may be aborted by the early excision of its initial lesion, and a considerable probability that its course will be rendered more benign.

M. Fournier, in the *Gazette des Hôpitaux*, 24th September, 1891, gives a very good summing-up of our present knowledge on the subject. He points out that the old methods of trying

[1] *Medical Record*, Oct. 24, 1891.

to arrest the disease by cutting the lymphatics or by destroying the chancre by caustics have been completely given up, and the only plan ever now adopted is excision of the chancre.

This should be done by raising it well up from its bed by means of a tenaculum, and then cutting widely around it with a bistoury, removing as much of the surrounding tissue as we should do in excising a malignant growth. Removal of the chancre after induration has set in, or after the glands have become affected, is perfectly useless, and even if done at a very early stage the prospect of a favourable result is only slight. He quotes a number of recently-published statistics, which would indicate that, under favourable conditions, one success in five cases may be looked for; but he points out that statistics are of very little value. For in order to prove anything, each published case ought to include four conditions: 1st. There should be an examination of the source of infection, so as to make certain that the disease could be caught. 2nd. The duration of the incubation of the chancre should be recorded. 3rd. A full description of the lesion should be given, and not a mere statement that it was a hard chancre. And, 4th, a prolonged observation of the case should follow, without any treatment by mercury or iodine. He sums up by saying that we ought to give patients the benefit of the chance afforded by the operation, even although the chance be a small one.

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M. Diday, in the *Gazette des Hôpitaux*, 13th October, 1891, gives his views of the abortive treatment of gonorrhœa in the male. He maintains, 1st, that in the early stage all gonorrhœa is abortible; and, 2nd, that the abortive treatment is not dangerous, locally or constitutionally. It is necessary to act as soon as inflammation shows itself at the meatus, but it is rather late when the meatus is œdematous, and it is quite too late when a purulent discharge has become established. One of two methods may be adopted: a strong solution may be introduced into the urethra and allowed to remain a short period, or a weaker solution may be used for a longer period. He generally uses a 5 per cent. solution of nitrate of silver, and varies the period of duration by the pain set up, but it should remain in the urethra 40 seconds at the least, a minute and a half at the most. He introduces the solution with a syringe, and then applies a finger to the orifice of the meatus, not squeezing it, for this would prevent contact with the navicular fossa. He then moves the fluid up and down the urethra by pressure upon the outside, thus ensuring the requisite amount of penetration. He finishes by

what he calls the toilet of the meatus: the penis being held vertically, a few drops of the solution are instilled between the lips of the meatus. After an interval of two hours, a copious discharge takes place. It is not until four days afterwards that we can judge of the success of the treatment. In some cases the cure is then complete, in others a purulent discharge persists; but if this be due merely to the caustic, it will pass off in two or three days further.

Considering the grave complications which sometimes follow this malady, he thinks that the abortive treatment is well worth a trial.

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Hydrocele is a very common disease in India, and the *Indian Medical Gazette* for July, 1891, gives a useful summary of the best modes of treatment. In ordinary cases, nothing can be better than the injection of tincture of iodine. It is very safe, and provided that the tincture be strong and that careful manipulation ensures its application to the whole inner surface of the distended tunica, it seldom fails.

The only objections to it are, the pain it causes, the pyrexia it sometimes sets up, and the iodism which in some cases results from its absorption. The primary pain can be prevented by a preliminary injection of morphia, or still more completely by throwing into the sac, after removing the fluid, a few drachms of a 10 per cent. solution of cocaine, allowing it to remain there for ten minutes or so, and letting it escape before introducing the iodine.

Treatment by injection of strong carbolic acid is recommended by Dr. S. E. Milliken[1] of New York. He has used it in 54 cases; and of these, 9 were never seen after the injection; 5 were seen once only, during the first week; and 4 were were still under observation. The remaining 36 were all cured; 27 had one injection, 4 had two injections, and 5 had three injections. In no case did sloughing occur, and not one of the 36 patients lost more than twenty-four hours from business.

He evacuates the hydrocele fluid through a small trocar, and then screws on to the cannula a hypodermic syringe, containing 5 to 25 minims of liquefied crystals of carbolic acid, taking great care not to allow a drop of the acid to come in contact with the skin of the scrotum. After removal of the cannula, slight kneading of the sac is done, to ensure thorough coating of its walls with the irritant.

The advantages claimed for this method of treatment are:

[1] *Annals of Surgery*, Oct., 1891.

(1) it is safe; (2) it is practically painless; (3) the patient is allowed to attend to business without more than one day's delay; (4) the use of an anæsthetic is avoided.

Treatment by electricity is advocated by Assistant-Surgeon Nundo Lall Ghose[1] of Dacca. He first draws off the hydrocele fluid by an ordinary trocar and cannula, and when the sac is empty an insulated platinum probe, attached to the negative pole of a battery, is passed through the cannula and freely applied to nearly the whole of the inner surface of the sac, with a current of about four milliampères, for about three minutes, the positive pole being placed over the groin. Three cases out of four treated by this method were successful.

Volkmann recommends incision and drainage; and Von Bergmann advises excision of the tunica vaginalis. This last is, no doubt, very effectual, and where asepsis is maintained it is quite safe and comparatively painless. But if the antiseptic measures fail, and they are very prone to do so in this locality, painful and serious consequences may result.

* * * *

At the German Surgical Congress, in 1890, it was resolved that members of the Society should make a collective investigation of the cases in which they administered anæsthetics during the period between July 1st and December 31st, 1890. Sixty-six members of the Society sent in reports of their cases, and Professor Gurlt summarises them in a paper published in the *Archiv für klin. Chirurgie*, and quoted by the *Medical Chronicle*, September, 1891.

The cases are 24,625 in number, and the anæsthetics used were as follows:

22,625	chloroform	6 deaths
470	ether	No death
1,055	ether and chloroform . .	No death
417	ether, chloroform, and alcohol	No death
27	ethyl bromide	No death
24,625		6 deaths.

It will be seen that all the deaths occurred from chloroform, in the proportion of 1 to 3,776 cases. The apparatus used was most often the Esmarch-Skinner mask. A subcutaneous injection of morphia was generally given. In one of the fatal cases air entered a vein during removal of the thyroid body; in a case of removal of sequestrum from the femur, death occurred

[1] *Indian Medical Gazette*, Sept., 1891.

five and a half hours after the operation, partly from loss of blood and partly from the action of the chloroform on the heart; in a third, death occurred three hours after the operation, from obstruction of the respiratory passages by vomited material. In the other three fatal cases, fatty degeneration of the heart was found.

If ever collective investigation could be of any real service, it ought to be useful in such a case as this; that is, in ascertaining the percentage of deaths after the various anæsthetics. But even here it probably proves little; for we have no guarantee that all the members recorded their cases, and it is quite possible that a member having a larger percentage of deaths than usual might not care to publish his cases, while the member who had few deaths would be pleased to do so. The mortality given above is certainly small; and if it can be relied upon as approximately correct, it indicates a lower death-rate than we have attained to in this country.

W. H. HARSANT.

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The structure of the walls of sinuses is materially influenced by the cause and by the duration. Sir James Paget has thus described them: When they have existed for one or more years and are not inflamed, the walls are commonly hard, callous, not highly sensitive or easily bleeding, and formed of condensed connective tissue inseparable from the adjacent structures; in more recent cases, the walls are soft, like ordinary layers of recent granulations, sensitive, readily bleeding, and easily broken through. In diseased states they may be—as ulcers may be—inflamed, spongy, or œdematous, exquisitely sensitive or sloughing. The granulations lining the walls of sinuses vary with the differences in the walls themselves, being in recent cases coarsely granular and soft, and in old cases dense and firm, smooth on their free surface, with scarcely a trace of granular or papillary arrangement. The cells of the granulation tissue are either indistinguishable from pus cells or filled with fatty particles, and the pus is that of an unhealthy process until the sinus begins to heal.

Dr. C. S. Cole,[1] after giving the causes of sinuses—abscess, wound or gangrene, and ulceration—states that sinuses after amputation are either due to some fault in the minutiæ of the operation or to the patient's condition; insufficient drainage may cause a sinus, as may also a drainage tube retained for too long a time; but he has found it easier to close a sinus caused

[1] *American Practitioner and News*, August 1, 1891.

by a tube than one due to the lack of it. He states that if a sinus already exists, no form of injection is comparable to thorough curetting with a Volkmann's sharp spoon. If the wall is thick, either splitting it through and through, and scraping its sides, or actually dissecting it out in its entirety and making immediate approximation with sutures, or packing with gauze and using sutures in from 24—48 hours, are the best plans. Rest of the part is always an important adjunct to other measures, with general tonic treatment. If a sinus after amputation resists the above measures, the source of irritation must be removed (not always an easy matter), and a sufficient incision, even to the extent of removing the whole cicatrix, be made and the bone then carefully trimmed up. Then firm pressure should be made with gauze dressings, or a sponge wrung out of a hot carbolic solution; every effort should be made by careful trimmings not to leave to the tissues the disposition of any little fragments of bone. Thorough drainage with a full-sized tube should be provided for the first few days, and afterwards light gauze packing will answer.

A solution of chloride of zinc, 40 grain to an ounce, as recommended by Sir J. Lister, swabbed over the wound or round the sinus after scraping, will be found very useful. It is an antiseptic, the powers of which appear to last in the wound for two or three days, a slight hæmostatic and a slight stimulant to the formation of granulations.

W. J. PENNY.

OBSTETRICS.

Many men in active practice have looked askance on the introduction of the antiseptic routine into their midwifery work, because the details recommended have appeared to them either unnecessary or impracticable. But the good results obtained of late years in hospital midwifery practice cannot be ignored; and it is only reasonable to conclude that some improvements might take place in private practice if methods could be devised for establishing asepsis which would not be unduly finikin, or which could be carried out by the average attendant, and with the appliances of the ordinary lying-in room.

A review of the recent literature of this subject leads to the hope that a *via media* may be found in which the general practitioner may reap the benefits of that asepsis which promises to dominate every department of medical work.

Fatal puerperal septicæmia, fortunately not of very frequent occurrence, is however so full of horrors to all concerned that anything which can obviate it will be cheerfully undertaken, even if it seems to involve unnecessary trouble; and as, short of death, there arise many septic troubles whose advent it is impossible to foresee, and which it is said are avoidable, the antiseptic practice must be carried out as a matter of routine.

Dr. Turner Anderson[1] says that puerperal septicæmia is due to contamination from external sources, and that auto-infection is probably a myth. He considers that sufficient evidence exists to prove that the *materies morbi* of puerperal sepsis may be carried to the lying-in woman from various sources, that the disease is in no sense a specific fever, and is certainly preventable. He says that before the days of antiseptic midwifery, at least five women out of every hundred confined in New York died of the puerperal state, but that now the mortality in hospital obstetric practice is almost *nil*. He attributes the good results to the altered mode of conducting labours, and cites, as an example, the practice of the Sloane Maternity Hospital of that city in a thousand consecutive cases. From an extensive personal experience, he considers that the measures and precautions there adopted may be applied in private practice, not only preventing puerperal fever, but appreciably favouring convalescence, which is often retarded by such troubles as subinvolution or pelvic cellulitis.

Dr. Archibald Dixon,[2] who deals more fully with the etiology of puerperal septicæmia, quotes other statistics which confirm those already given. After a narration of the routine adopted in Maternity hospital practice, which he admits is out of the question for the general practitioner, he lays down certain rules for private practice, by obedience to which he considers puerperal septicæmia can be stamped out, and child-bed fever become a thing of the past.

At Bonn, in May, at the meeting of the German Gynæcological Association,[3] Dohrn of Königsberg and Ahlfeld of Marburg read papers on the subject of "Private Obstetric Practice" and an interesting discussion followed, which showed that puerperal mortality and morbidity is much lower in institutions than in private practice. Dohrn uttered a strong word of warning against trusting too much to the antiseptic protection in cases of operative interference. He

[1] *American Practitioner and News*, June 20, 1891, p. 393.
[2] *Cincinnati Lancet-Clinic*, June 20, 1891, p. 755.
[3] *American Journal of Obstetrics*, August, 1891, p. 990.

said that since the introduction of antisepsis, operative deliveries had multiplied rapidly, but that neither the mother nor the child had been benefited. The enormous increase in operative deliveries in the Grand Duchy of Baden has not diminished the mortality of puerperæ there; and as for the kingdom of Saxony, he is even able to prove that among the deceased puerperæ from 1883 to 1889, the number of those delivered by operation has increased largely—that is to say, that operative deliveries there had to be charged from year to year with a larger proportion of puerperal deaths. In reference to the etiology of puerperal fever, Ahlfeld considers that as some deaths and many grave diseases still occur despite the most painstaking cleanliness, we are forced to assume auto-infection for some cases, but that in private practice the greatest number of deaths and severe diseases are due to direct infection. He presented statistics of 2,000 cases observed in the Marburg Maternity from April, 1884, to April, 1891.

Dr. Chauncey Palmer [1] records the diminution that has taken place in the mortality in the obstetric wards of the Cincinnati Hospital since the introduction of the antiseptic method, and gives the details of the practice adopted there.

From these communications to which I have referred, something like the following may be recommended as a routine mode in private practice:—The medical attendant must be constantly on the watch to see, not only for himself, but also for those who may touch the patient, that the most scrupulous cleanliness is observed. If it is possible the parturient woman should receive a vaginal injection of a quart of warm water, containing 1 in 2,000 of perchloride of mercury.[2] The hands and arms of the doctor should be thoroughly washed with soap and water, the nails receiving very special attention from a nail-brush. The hands are then to be immersed in a solution of perchloride (1 in 1,000), and an examination made with the fingers anointed with carbolised vaseline (1 in 40), or with lanoline or vaseline having a grain of perchloride to each ounce, or with glycerine containing 1 in 2,000 of the perchloride.[3] Vaginal examinations should be as few as possible. The writers insist upon this with much force; but in the discussion at Bonn, Frommel

[1] *International Clinics*, Volume Second, 1891, p. 164.

[2] Messrs. Ferris and Co., Bristol, issue a conveniently portable and cheap case of sublimate powders, prepared in accordance with the suggestions of Dr. Cullingworth.

[3] Herman, *First Lines in Midwifery*, 1891, p. 67.

and J. Veit pointed out that in clinical instruction it was not possible to restrict internal examinations, and that in their practice good results had been nevertheless obtained, although these no doubt may be partly attributed to the very careful asepsis observed. The third stage of labour should be left, if possible, entirely to nature, as it is bad practice to invade the vagina after delivery of the child, unless absolutely necessary. The old form of napkin placed against the vulva should be discarded, and there should be substituted for it a dusting with iodoform, or, perhaps better still, with aristol,[1] and a pad of gauze wrung out in hot perchloride solution of the strength of 1 in 4,000, and changed every six hours, or a large pad made of gauze filled with absorbent cotton, and not allowed to remain for the first day more than four hours at a time; or, failing these, the wood-wool diapers should be used. Everything about the bed which has become in the least soiled is to be removed. All wounds of the external genitals are to be closed by suture, and in all operative deliveries, whether of child or placenta, the most thorough attention is necessary to ensure asepsis. It is of the greatest importance to see that nurses and other attendants are very careful about all details, and that by their carelessness the doctor's work is not undone.

Ahlfeld considers that on these points the public should be instructed by oral and written communications; that the use of the thermometer should be obligatory in protracted labours; and that nurses and midwives should be compelled to record the temperature twice daily.

If lives of mothers are to be saved by rigid attention to these details, it is obviously necessary that the women in this country who attend most of the midwifery should be of a higher order of intelligence than those with whom we are now practically acquainted, and something must be done in the way of legislation to prevent a woman entering on the responsible duty of midwifery practice with no other qualification than that of poverty or incapacity for earning a livelihood in any other walk of life.

* * * *

When the profession has become comfortably assured of the antiseptic virtues of the perchloride of mercury, there comes a rude shock in the shape of a communication from Dr. A. C. Abbott,[2] casting doubts upon its germicidal power. Experiments made in the pathological laboratory of the

[1] See *American Journal of Medical Sciences*, July, 1891, p. 81.
[2] See *American Journal of Medical Sciences*, July, 1891, p. 75.

Johns Hopkins Hospital led him to the following conclusions, somewhat similar to those of other observers:—

> That, under the most favourable conditions, a given amount of sublimate has the property of rendering inert only a certain number of individual organisms.
>
> That the disinfecting activity of the sublimate against organisms is profoundly influenced by the proportion of albuminous material contained in the medium in which the bacteria are present.

He, therefore, considers that there are two serious objections to the employment of sublimate solutions upon wound-surfaces: (1) the albumin of the tissues and fluids of the body tends to diminish the strength of, or indeed renders entirely inert, the solution employed; (2) the integrity of the tissues, which in their normal condition possess the power of rendering inert many kinds of organisms which gain access to them, is materially injured by the application of this salt, which brings about a condition of superficial necrosis. But as Dr. Abbott admits that as a disinfectant in the strict sense of the word, there are perhaps few substances which possess the property in a higher degree than does corrosive sublimate, it will be wise for us, till further negative evidence is forthcoming, to rely upon the methods which have been attended with such beneficent results.

* * * *

In connection with this subject of puerperal septicæmia, careful attention should be given to a paper, by Dr. Robert Boxall,[1] on "Fœtor of the Lochial Discharges," in which is presented an analysis of 640 cases admitted to the General Lying-in Hospital. Dr. Boxall draws particular attention to the following points:—

1. That septic infection may take place without fœtor.
2. That fœtor may occur without sepsis or fever.
3. That fœtor is more frequent in cases where the tissues are bruised and torn, and therefore in primiparæ and in operation cases.
4. That fœtor is generally (though not invariably) associated with fever, but in such cases the fever almost always precedes the fœtor by a considerable interval.
5. That the presence or absence of fœtor is a very uncertain guide to the presence or absence of sepsis.

[1] *Practitioner*, May, 1891, p. 330.

6. That in any case, as fœtor invariably indicates a failure to maintain local asepsis, vigorous antiseptic measures should be at once instituted.
7. That the vulva and vagina should be first cleansed, and only when this has been done, and where real necessity exists, should the cleansing be extended to the interior of the uterus.

L. M. GRIFFITHS.

LARYNGOLOGY.

At the beginning of the year 1891, laryngologists were hopeful that Professor Koch had discovered a specific for that terrible disease laryngeal tuberculosis. It is with much disappointment that we are obliged to confess that tuberculin (Kochii) has been tried in the balance and found wanting. The indictment made against its use by Virchow, in the long and noted discussion by the Berlin Medical Society,[1] on the ground that it had stirred up fresh tubercular infiltration in the bodies of people who were suffering from chronic and more or less quiescent tuberculosis, has been supported by the observations of many others. It has also been clearly shown that we are unable to determine, even now, what case is liable to this dangerous awakening of fresh mischief. All who have worked with the drug must be conscious of this serious drawback to its use, and I have seen striking examples of it. Even now, however, some leading German specialists administer it, and, as they state, with benefit to their patients, and "cured cases" are still published. Grabower[2] has treated 38 cases of laryngo-pulmonary phthisis, with the result that 5 were cured, 22 improved, 6 remained unaffected, 5 became worse. Michelson[3] reports 3 cases of lupus of the throat and nose, of which 2 were cured and 1 improved. Professor B. Fränkel, who was such a doughty champion of tuberculin in the early months of the year, has, so far as any public statement goes, not renounced his allegiance; and others in Germany, whom we must regard as authorities, are still keeping their minds open as to its value. Cantharidin (Liebreich) has not gained many friends, although, like tuberculin, it was looked upon very favourably at first, as a drug that would cure tuberculosis.

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[1] *Berl. klin. Woch.*, Dec. 1890, Jan., Feb., and March, 1891.
[2] *Deutsch. med. Woch.*, Nos. 23 to 28, 1891.
[3] *Journal of Laryngology*, July, 1891.

Diphtheria always occupies much space in laryngological literature; and evidently treatment by mercurials, by insufflation, gargles, sprays, inunction and internally, holds the field. One novelty has been introduced by Seibert,[1] who injects, with a suitable hypodermic syringe, 12 to 15 drops of chlorine water into and through the false membrane, in the belief that the pathogenic bacillus exists in that situation, and that it can be destroyed in this way. Guthrie,[2] Rozenzweig,[3] and Beale [4] all report favourably of the treatment of post-diphtheritic paralysis by injections of strychnine.

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There have been a great many examples of the widespread influence of the nasal reflexes published. All who are in the habit of examining the nose carefully are, of course, aware of the importance of not forgetting these reflexes, and of the frequency with which we meet with pain in the head, etc., eye troubles, asthma, etc., which are due to nasal abnormality. I rarely find an asthmatic patient who has a reasonably normal nose,—*i.e.*, a septum, straight and free from spurs, and turbinated bodies that are of healthy size and reflex mobility; and I have cured conditions dependent on this nasal trouble by proper treatment of the nose. But, as was abundantly proved by a recent discussion on asthma by the Medical Society of London, we cannot say what case of asthma will be benefited, and what case remain unaffected, by treating the nasal mischief. We must therefore be careful not to prophesy cure of asthma after removal of nasal mischief; although we ought always to do what is necessary in this direction.

Moure and Bergoiné [5] strongly advocate electrolysis for treating deviations and spurs of the nasal septum, as being very successful and not nearly so unpleasant to the patient as the other methods of treatment by saw, chisel, or trephine. This plan of removing these growths and deformities has the great advantage of giving rise to no open wound in the nose, and of sparing the mucous membrane; although I have never seen any trouble result from a clean cut with Bosworth's saw or from the use of the galvano-cautery in these cases.

Aristol is used with success in the treatment of atrophic rhinitis and syphilitic ulcer of the nose; and spite of Heller's statement [6] that it is less powerful in its action on bacteria

[1] *New York Med. Journ.*, Dec. 6, 1890. [2] *Lancet*, April 18, 1891.
[3] *Lancet*, May 9, 1891. [4] *Brit. Med. Journ.*, May 30, 1891.
[5] *Journal of Laryngology*, Dec., 1890.
[6] *Berl. klin. Woch.*, May 4, 1891.

than iodoform or even iodol, I have found it of service in such cases.

A word in season as to the dangers of the nasal douche has been uttered by Loewenberg.[1] If it be faultily used, either as regards the position of the head or the force employed, or if we prescribe it in cases with adenoid growths in the post-nasal space, or stenosis of the nostrils from deviations of the septum, polypi, or hypertrophied turbinated bodies, we may get serious results as regards the middle ear. A nasal douche ought to be prescribed only after a careful examination of the nasal and post-nasal passages; and then it should not be a syphon douche, but one under the most complete control of the patient, and should throw five small streams and not one large one. In my experience, nasal douches are much too frequently employed by patients, and very inefficient instruments are pressed into service.

B. J. BARON.

Reviews of Books.

Diseases of the Digestive Organs in Infancy and Childhood. By LOUIS STARR, M.D. 2nd Edition. Pp. xi.—396. Edinburgh: YOUNG J. PENTLAND. 1891.

This is a thoroughly good book, worthy of the author's reputation. We have read it with pleasure and profit. It is clearly written, and within reasonable compass the author treats fully of the various disorders of the digestive organs. No important points fail to be considered, and the book is a model of good arrangement and concise statement. The additions to this second edition are: a section on alterations in the odour of the breath in disease; a section on urine; a chapter on massage; and a detailed account of the second dentition and i s influence on the health in late childhood. The sections on treatment are throughout excellent, and we must especially commend the clearness and definiteness of the directions given for the general care and management of infants and children, and for the proper feeding of infants. Exact quantities are given in every case where feeding is discussed; nothing is left to chance, and the reader who

[1] *Berl. klin. Woch.*, May 4, 1891.

refers to the book for help in any of the many emergencies that arise during artificial feeding, will in all cases find the information he requires in the form of clear and positive directions. Praise must also be given to the introductory remarks on the investigation of disease in children. The clinical descriptions of the different diseases are uniformly good. The book is evidently the outcome of a wide clinical experience, and from its eminently practical character may be confidently recommended.

Subjective Noises in the Head and Ears: their Etiology, Diagnosis, and Treatment. By H. MACNAUGHTON JONES, M.D., M.Ch. Pp. 152. London: BAILLIÈRE, TINDALL & COX. 1891.

The origin of this work was a paper on "The Etiology of Tinnitus," read at the Annual Meeting of the British Medical Association at Birmingham in 1890. This paper has been reproduced as Chapter I. of the present book; and other chapters on diagnosis, prognosis, and treatment have been added by the author, together with a supplementary chapter by Dr. James Cagney on the Electrical Treatment of Tinnitus, so as to make a complete work on the subject.

The result is somewhat unsatisfactory, inasmuch as the author gives us too much or too little.

In speaking of tinnitus, he roams over the whole range of ear diseases, as well as nose affections, brain lesions, &c., without being able to deal in a satisfactory way with any of them. He is evidently conscious of this; for at almost every page he refers us to another of his works, *The Practitioner's Handbook of Diseases of the Ear and Naso-pharynx*, where the subjects are more fully treated. The author dedicates the book to Dr. Adam Politzer, and in the preface he expresses obligation to this distinguished Professor for his kind perusal of the text before going to press, and gratification at his verdict that "he did not consider it necessary to add any notes to the work," which strikes us as a testimonial framed on the same lines as those published by Mark Twain from various great men of Europe on his celebrated war map. The book is written in the pleasant style characteristic of the author, and contains a short account of the latest investigations into the physiology of a most difficult subject, as well as some good clinical rules for diagnosis and treatment.

Notes on Surgery for Nurses. By JOSEPH BELL, M.D., F.R.C.S. Ed. Third Edition. Pp. 156. Edinburgh: OLIVER & BOYD. 1891.

There has been a rapid demand for books of this class during the last few years, and the one before us has proved of great value. Some of the pathology is old-fashioned and is apparently copied from students' text-books written twenty years ago; but the book contains much that is practical and useful, and may safely be recommended to nurses who wish to learn something of the theory as well as the practice of surgery.

Guy's Hospital Reports. Edited by N. DAVIES-COLLEY, M.A., M.C., and W. HALE WHITE, M.D. Vol. XLVII., being Vol. XXXII. of the third series. Pp. xliii.—368. London: J. & A. CHURCHILL. 1890.

The present volume opens with a very readable article on the career of the late Sir William Gull, and contains several others which give evidence of useful work done chiefly by the junior members of the Guy's staff.

We would especially mention the article on "The Pathology of Acute Infective Periostitis and Acute Necrosis of Growing Bone," by A. H. Tubby, M.S.; and one by Percy C. Evans, M.B., entitled "Experiments on some Antiseptics and Disinfectants." Both of these are the result of considerable labour and experiment, and are full of suggestive thoughts.

St. Thomas' Hospital Reports. Edited by Dr. HADDEN and Mr. ANDERSON. Vol. XIX. Pp. xx.—463. London: J. & A. CHURCHILL. 1891.

In this volume we have a record of patient clinical observation, upon which a number of valuable papers on practical subjects are based.

Among many contributions, we may specially mention two articles on Intubation of the Larynx by Dr. W. W. Ord and Dr. H. G. Turney. Dr. Ord reports four-

teen cases. He makes a point of introducing the gag in the right side of the mouth instead of in the left, the usual side, as he finds that when the gag is in the left side it is liable to interfere with the operator's right hand during the operation. We have never experienced any such difficulty; while we have found that the gag in the right angle of the mouth interferes with, or may become displaced by, the operator's left hand as it is passed down to the patient's larynx. Dr. Turney writes on the "Dangers of Intubation in Diphtheria." In the series of cases he has so faithfully recorded, he seems to have met with an unusual proportion of misadventures; but he states that he has "written on the principle that failures are often more valuable than successes," and his paper is full of practical service.

Dr. Michell Clarke reports a case of total transverse lesion of the cord, of especial interest as proving that muscular rigidities and the accompanying increased tendon reflexes may not occur when the connection of the brain with the cord is entirely cut off, and when there is further complete sclerosis of the pyramidal tracts.

A well-executed coloured plate, illustrating Mr. Richard Lake's Report of the Aural Department, renders the descriptions in the text very clear.

Dr. W. M. Ord writes on recent cases of myxœdema.

Taken altogether, this volume fully sustains the reputation of its predecessors.

Bacteria and their Products. By GERMAN SIMS WOODHEAD, M.D. Pp. xiii.—459. London: WALTER SCOTT. 1891.

Bacteriology has so rapidly advanced to a separate science that the time will soon come when medical students will have to recognise micro-organisms and their pure cultivations, just as now they do urine crystals and carcinoma alveoli; and men will not be asked any longer to discuss the various theories of the cause of tetanus, but they will be expected to be familiar with the drum-headed bacillus, and discourse on its nature and habits. And this is the knowledge which in the present day every medical man should have; and we strongly recommend him to study Dr. Woodhead's book, which forms one of the volumes of the "Contemporary Science" series.

It is not so large a work as Flügge's on micro-organisms, but it is very complete, and just published, a point of no small importance in such a rapidly-growing science as bacteriology.

That it is written by Dr. Woodhead is sufficient guarantee of its scientific accuracy; but it is so written that those interested in the subject may read on and on, and feel that from every page they are learning lessons which they can turn to useful account. To medical officers of health the subjects treated of are of the utmost practical importance. The physician, of course, will find very much of interest to him; but the surgeon also, if he turn to such subjects as actinomycosis, tetanus, hydrophobia and others, will not peruse the work in vain.

The book—clearly written and not too condensed—is full of valuable information: one does not read page after page, and then feel inclined to ask oneself how much has been really learned from all this, because here we have no mere summary of conflicting theories, but a collection of worked-out facts. The work is not written wholly for the medical profession. There is a long chapter on fermentation; and although the terms used are not strictly technical medical ones, we think that a great part would not be very intelligible to those unacquainted with medical science. However, an effort is made, as far as possible, to instruct the general reader.

First, we are thoroughly instructed as to the forms and habits of bacilli in general. We are shown how the science has grown, and how, after many futile attempts, pure cultivations were obtained. Then the micro-organisms peculiar to each disease are dealt with, and, in connection with them, all the interesting points relating to their bacteriological origin discussed. At the end of the book is a table, showing how to distinguish various bacilli, which reminds us very much of the analytical tables which taught us in our practical chemistry class how to recognise various chemical substances.

It is impossible, in a short review like this, to go into detail on many points, but we may perhaps refer to the discovery of flagella in an increasing number of bacilli,—the cholera, pneumonia bacillus, and others. Dallinger was the first to discover this thread-like propeller, as we may call it, at the end of a bacillus; and as other bacilli had the same kind of motion, it seemed probable they had the flagella also, and more recently this has been found to be so.

Tuberculosis is a subject of general interest, and is very

well dealt with in this book, not only from a pathological, but also from a prophylactic, aspect. Here is a marked example of the practical value of bacteriology. It is very useful to learn that steam and boiling water are some of the most useful agents in rendering inert the tubercle bacillus, because it is surely a simple enough thing to boil clothes and handkerchiefs infected with the sputum of phthisical patients, and to sterilise blankets and other articles by steam. If we cannot cure by tuberculin, the discovery of the bacillus has at least taught us the vast importance of regarding the sputum as infective in nature, to be received in special vessels, and never allowed to dry on clothes or about rooms. In the Grand Duchy of Baden the diminution in the death-rate from phthisis due to strict prophylactic measures, between 1882 and 1887, was from 3.08 per 1000 to 2.8.

But in connection with pathological questions there is also much of great value. The important question of the relation of bacillary invasion to the condition of the tissues is considered, and the explanation is given why caseous material, which seldom contains bacilli, infects with tubercle; and it is surely a very interesting fact to learn that tubercle bacilli are killed by a few days' exposure to sunlight.

We cannot, perhaps, end this review better than by saying that we think this work will become one of the most popular text-books of our pathological series.

Burdett's Hospital Annual and Year Book of Philanthropy. 1891–1892. London: THE HOSPITAL, (LIMITED).

This valuable handbook, in the third year of its publication, is an increasing monument of the indefatigable energy of its author in the collection and compilation of all kinds of statistics which bear upon hospitals, their work and their finance.

English, Scotch, and Irish—general and special—hospitals, and those to which medical schools are attached, are tabulated and compared. We note, by the way, an error which relates to the association of the Bristol Medical School with the Infirmary and General Hospital. Number of patients treated, cost per bed, provisions, alcohol, drugs are recorded for each; and so are salaries of officers, pensions, repairs, and all kinds of incidental expenditure. Detailed tables of analysis allow the reader to use his individual judgment towards any deduc-

tions to which the figures may lead him; yet the author makes summaries and draws comparisons, and gives suggestions on all heads with judgment and moderation, such as may be accepted by those who prefer generalisations to particulars.

We think that no responsible hospital official, member of committee, secretary, or matron should be without the *Hospital Annual*. Its contents are of interest to every philanthropist, and the chapters on Hospital Saturday and Sunday funds are full of information as to the collection and distribution of working-men's contributions in aid of hospital expenses. Moreover, the author invites not only co-operation, but suggestions and criticisms upon his statements and opinions. So that there is the prospect of a far better organisation and method for hospital charity than could be possible without the issue of such a fund of information as is here compiled.

Nurses and nursing have for years past exercised the attention of our author, and the two chapters devoted to this subject are well worthy of careful perusal.

The price of the book brings it within the reach of all, and it is destined to play an important part in the proper development of sound hospital administration, whether in town or country.

Annual of the Universal Medical Sciences. Edited by CHARLES E. SAJOUS, M.D. Five Volumes. Philadelphia: F. A. DAVIS. 1891.

This work again deserves the highest praise. A review of it in detail is impossible, but we may say that here the best work up to the date of publication is admirably summarised, and placed before the reader in a most attractive and systematic manner. Illustrations are freely given when necessary to elucidate the text. We notice, with much gratitude, that Dr. Sajous now prints in each volume the list of journals from which the abstracts are made.

Letts's Medical Diary for 1892. London: CASSELL AND COMPANY, LIMITED.

This *Diary* is convenient in size, is well arranged, and contains much useful information. The list of therapeutic agents, however, is not up to date.

Prichard and Symonds in especial Relation to Mental Science, with Chapters on Moral Insanity. By D. HACK TUKE, M.D., LL.D. Pp. 116. London: J. & A. CHURCHILL. 1891.

Dr. Hack Tuke, in his memoir of Dr. Prichard and Dr. Symonds, does not attempt to give an exhaustive account of the work of either of these distinguished physicians. He speaks of course of Dr. Prichard's renown as a physician, and as an ethnologist, and bears testimony to his merits as the philologist who first proved the position of the Keltic languages as a branch of the Indo-European.

But since his *brochure* treats of moral insanity, the author is mainly concerned with the views held by these physicians on mental disease, or on subjects bordering on mental pathology. He selects for notice from Dr. Symonds' numerous writings the essays on the relations between the mind and muscles, on sleep and dreams, on apparitions, habit, the principles of beauty, and on criminal responsibility in relation to insanity.

Dr. Prichard became one of the first Commissioners in Lunacy, and even if he had not been so remarkable in other departments of knowledge, his name would always have been distinguished by the views he advocated on moral insanity. The term, objected to, as it is, by jurists, is the expression of a condition almost universally recognised by alienist physicians. Its important factor is not loss of memory, not delusion or hallucination, not any deficiency of talent or genius, not any lack of mental acuteness, and certainly no incoherence of ideas or language, but a deficiency or impairment of moral feeling or self-control, such being either the development of a character natural to the individual, or a departure from it, which contrasts most strikingly with its former traits. Dr. Prichard initiated this view, and Dr. Symonds records cases of it within his own experience. In its later development it is frequently associated with intellectual decadence, and in some cases it ends in dementia; but for years the patient may show, to ordinary observers, nothing but symptoms that own no broad line of demarcation from moral turpitude; although a very careful examination will often detect some intellectual disorder. Dr. Yellowlees believes that it is invariably the result of hereditary tendency, and that it is associated with other forms of neurotic disorder among the relatives. Dr. Tuke has done good service in again calling attention to this form of disease in connection with the names of two of our greatest Bristol medical worthies.

Atlas of Clinical Medicine. By BYROM BRAMWELL, M.D., F.R.C.P.E., F.R.S.E. Volume I. Part II. Edinburgh: T. AND A. CONSTABLE. 1891.

The first part of this work was so good that we hardly expected that it would be surpassed by the succeeding ones, but in our opinion this second part excels the first. In it Addison's disease, diffuse melanotic sarcoma, and Hodgkin's disease are treated of. The nature and origin of these remarkable diseases are still to a large extent unknown, and they are thereby invested with constant interest. Dr. Bramwell's clear and full account of them embraces the latest researches, and is most comprehensive, discussing them in all their bearings. He states lucidly the various theories that are held as to their pathogeny, and criticises the arguments on which these theories are founded. In his account of Addison's disease he has incorporated, as their importance demanded, the recent researches of MM. Alezais and Arnaud on the morbid changes in the pericapsular sympathetic ganglia of the suprarenals. Altogether this is the best account of Addison's disease known to us. Besides the plates directly illustrating the letter-press of this part, there is a crayon drawing of a case of mania, a coloured representation of xeroderma pigmentosum, and a plate of a remarkable case of molluscum fibrosum. All the illustrations are exceptionally good, and, apart from their great value and interest as accurate representations of disease, are of artistic excellence.

Our attention has been called to the fact that an extra edition, wholly in English, has been printed of the *Bibliotheca Medico-Chirurgica* (Vandenhoeck & Ruprecht, Göttingen), which we reviewed in September. Messrs. Luzac & Co., of London are prepared to receive subscriptions for this, which, under the title of *International Medical Bibliography*, is issued at a low price, in the hope that a sufficient number of English-speaking subscribers will be found to ensure its continuance.

Notes on Preparations for the Sick.

Quinine Tabloids. Cascara Sagrada Tabloids. Charcoal Tabloids.—Burroughs, Wellcome & Co., London.

These tabloids are excellent preparations, and are a most convenient and efficient form for the administration of these drugs.

The quinine are prepared with the bisulphate, which is twenty-four times more soluble than the ordinary sulphate. The crystals are reduced to a fine powder, and compressed in such a way as to disintegrate in the stomach within a minute from the time they are swallowed. A tabloid in a glass of water will be completely disintegrated in less than two minutes. The tabloids possess all the advantages of a solution as regards rapidity of action, whilst they are most portable, and are easily swallowed.

While it is well known that there is much difference in the effect produced by cascara sagrada upon different persons, this difference would appear attributable in a measure to differences in the products used. Examination of various preparations of cascara sagrada in the market reveals that they vary greatly in strength. Recently a report, published in America, showed that in 58 cases of constipation, the drug was efficient in 44, and that it was found desirable to diminish rather than increase the dose with the lapse of time. These tabloids are coated with pure sugar, and hence are not disagreeable to take. The usual dose of cascara sagrada tabloids is one or two at bedtime, or one after each meal. They are admirably suited for continuous gentle medication, and are soluble. Each tabloid contains 2 grains of dry extract of cascara, prepared from selected and seasoned bark.

The makers state that for a long time they have prepared tabloids which are intended to readily disintegrate in the stomach when swallowed with water. Pure willow charcoal tabloids are the latest addition to the already extensive list. Each contains 5 grains of pure willow charcoal with a small quantity of sugar. The tabloid is not unpalatable

if allowed to slowly dissolve on the tongue like a lozenge. It may, however, be swallowed intact with a little water. When it reaches the stomach it will readily disintegrate to a fine powder. Many physicians have been debarred from prescribing this drug on account of its obnoxious appearance when given suspended in mucilage as a mixture, or in the form of biscuits. Charcoal has not been a popular drug on account of the difficulty in taking a sufficient dose, but in the tabloid form there will be no such difficulty of administration, and the utility of the drug as an intestinal antiseptic is undoubtedly great.

Liquor Papain Co.—A. W. GRIFFIN, Bath.

The composition of this fluid is as follows:—

Papain Finkler . . .	grs. ij.
Pepsina fortissima . . .	grs. ij.
Acidulated glycerine . . .	3j.

It should be a very powerful digestive, and likely to be of service to many of our patients who require artificial aids. The pepsine used is forty times stronger than the B.P. form. It is intended that one or two teaspoonfuls should be taken in water after a meat meal.

Digestive Meal.—GREGORY & SON, Bristol.

This meal consists of wheat (the whole grain) macerated with a solution of malt, and dried at a medium temperature. It contains: –

Flesh-forming elements	.	24.5 per cent.
Respiratory ,,	.	72.5 ,,
Bone-forming ,,	.	3.0 ,,

It forms an easily-digested and highly-nutritious food, is easily cooked, it makes excellent light puddings, and is worthy of trial for infants and invalids.

Ozonine.—DORSET SODA WATER COMPANY, Weymouth.

This effervescing, non-alcoholic beverage is described as "the greatest health restorer ever placed before the public." It is a very pleasant drink, with a flavour of orange, effervescing well, mounted in champagne bottles, and intended to

be taken from champagne glasses; but its cost is less than one-twelfth that of a good brand of champagne. We presume that the name is intended to suggest the idea that this beverage contains bottled-up sea breezes, and will enable those who drink it to dispense with the usual summer holiday at the seaside, an advantage to the pocket as well as to the health.

Cascara Cordial. Pepsin Cordial. Normal Liquid Ergot. Glycerin Suppositories.—PARKE, DAVIS AND Co., Detroit.

Cascara sagrada, the bark of the rhamnus purshiana of Northern California and Oregon, first introduced by Messrs. Parke, Davis & Co., and so named by them, has now become so familiar as to need no recommendation. It may be looked upon as "the perfect laxative," and it rarely fails to give a satisfactory result in cases where a steady intestinal stimulant is habitually required. In one or other of its numerous and varied preparations, it has almost superseded many of the older laxatives: cordials, chocolates, and tabloids having taken the place of pills and castor oil. The elixir of the bark, called by its originators "Cascara Cordial," is in every way a satisfactory and trustworthy preparation.

Pepsin Cordial is an elegant preparation of pepsine in solution in combination with aromatics. It is one-third the strength of saccharated pepsine, and will dissolve fifteen times its weight of coagulated egg-albumin. Of the Liquid Pepsines, this appears to be one of the most active, most permanent, and most palatable. They are a great improvement on the older hygroscopic and nauseous powders.

Normal Liquid Ergot is an assayed preparation of standard and uniform strength, one cubic centimetre being equivalent to one gramme of the drug. This fluid appears to be one of the most satisfactory preparations of ergot yet prepared, and it has given excellent results when used for hypodermic injection.

The Glycerin Suppositories have 95 per cent. of glycerine, each containing three grammes. They are of convenient shape, easily introduced, and are a very efficient substitute for the more troublesome glycerine enema.

Messrs. Burgoyne & Co. are the London Agents for these preparations.

Bristol Medico-Chirurgical Society.

Annual Meeting, October 14th, 1891.

Mr. S. H. SWAYNE, President, in the Chair.

After a vote of thanks to the retiring President (Mr. S. H. SWAYNE) had been unanimously passed, his successor, Mr. F. R. CROSS, took the Chair and read his inaugural address (see page 241), for which a cordial vote of thanks was given him.

The Honorary Secretary, Assistant-Editor and Honorary Librarian read their annual reports, which were adopted, and officers for the ensuing session were elected. Dr. MARKHAM SKERRITT was chosen President-elect.

Dr. WATSON WILLIAMS read notes on (1) a case of laryngeal tuberculosis of the proliferative type, and on (2) a case of choreic spasm of the occipito-frontalis.

Mr. PAUL BUSH exhibited (1) a large triangular piece of crockery which had caused a rapidly fatal perforation of the gluteal artery, and (2) an enormously hypertrophied labium which he had removed from a patient.

November 11th, 1891.

Mr. F. R. CROSS, President, in the Chair.

Mr. F. P. LANSDOWN exhibited a patient who had been cured of a large femoral aneurism by digital compression applied continuously for forty-eight hours.

Dr. EWEN MACLEAN showed a marked case of hæmophilia in a boy. The disease came on suddenly. No cause could be assigned for the condition.

Dr. CLEMENTS HAILES read a paper on Corneal Ulcers, and exhibited several patients with various forms of this affection. He commented on the position of the ulcers and their causes, both constitutional and local. Amongst the former were foreign bodies, burns, irritating discharges, injuries and diseases of the lids, paralysis of 7th nerve, &c. Amongst the constitutional conditions were struma, underfeeding and bad hygienic surroundings. As modes of treatment were mentioned the actual cautery, paracentesis of the anterior chamber, sulphur, &c.

Mr. NELSON C. DOBSON exhibited a papillomatous growth which he had removed from the broad ligament of a patient aged 19, who had suffered from pain and enlargement of abdomen, &c. On the second day after the operation severe peritonitis supervened; the wound was re-opened and drained, and recovery took place. Mr. Dobson commented on the difficulty of diagnosis in such cases, and on the recovery from an apparently hopeless condition of peritonitis by re-opening the wound and draining.

Dr. MICHELL CLARKE showed numerous naked-eye and microscopic specimens, illustrated by drawings, of three cases of cirrhosis of the liver, with jaundice. The first, in a child of seven months, appeared to be an acute diffuse cirrhosis with endarteritis and atrophy of the hepatic cells. In the second case, that of a boy aged 12, there was biliary cirrhosis, intracellular and perilobular. The third case was ordinary atrophic cirrhosis with long-continued jaundice, but no ascites. Dr. Clarke made some remarks on the cause of death in such cases and in long-continued jaundice.

December 9th, 1891.

Mr. F. R. CROSS, President, in the Chair.

Mr. C. A. MORTON exhibited two patients with congenital dislocation of the hip: in one case, a boy, bilateral; in the other, a girl, unilateral. Lordosis was very marked in the former; in the latter the limb was *everted*.

Mr. A. W. PRICHARD read notes on a case of anthrax in a tanner. The disease appeared on the finger; there was a marked slough, and the appearance was that of a bad whitlow. Bacilli were found in the discharge from the wound. The affected part was excised and treated with zinc chloride. Recovery followed.

Mr. BUSH also described a case of anthrax which was contracted by a man whilst cutting up a diseased cow. There was a black central slough on the hand. The spleen of the diseased animal was eaten by a sow with a litter of young. The sow and several of her offspring were affected and died of the disease. Free excision of the part was followed by recovery.

Dr. W. J. FYFFE read a paper on an outbreak of Rötheln. (This paper will be published *in extenso*.)

Dr. EDGEWORTH read an abstract of a paper on an Anatomical Investigation into some of the Sources of Nerve-supply to the Viscera. Certain large fibres had been found which he considered to be sensory, (1) because of their connection with Pacinian corpuscles, and (2) because by a series of continuous sections they could be traced up to the posterior roots. Dr. Edgeworth thought the presence of these fibres might help to explain "referred visceral pains," as in angina pectoris, stone in the kidney, &c.

G. MUNRO SMITH, *Hon. Sec.*

The Library of the Bristol Medico-Chirurgical Society.

At the Annual Meeting of this Society, held on October 14th, Mr. L. M. Griffiths, the Honorary Librarian, read the following Report:

It is only rarely that pluralism in the matter of offices is defensible: but in the case of this Society, where the connection between the *Journal* and the Library is of a very intimate nature, it will probably always be desirable that the Assistant-Editor of your *Journal*, or he who performs certain of the functions now appertaining to that office, should also be your Librarian.

A Librarian in his first Report is placed in a somewhat awkward position. It would hardly be appropriate that he should trace the history of libraries in general, or of special libraries from their first foundation; but, on the other hand, something more seems required than a mere enumeration of the volumes of which the Library consists, and a few words will certainly be in place recording the way in which this particular Library came into existence.

The close relationship of the *Journal* and Library to which I alluded supplies the explanation of the formation of our Library. When, over eight years ago, you decided to establish, more especially for the West of England and South Wales, a medical periodical which should in some worthy measure chronicle the excellent work done in these important districts, you took a step towards consolidating the professional interests of the neighbourhood, the importance of which it is impossible to exactly gauge. It was only fitting that a Society which, in addition to its own special functions, had thus done more to develop the professional life around it than had been done by any other of our medical institutions, should follow up its vigorous and public-spirited action by forming a library which should not only be a material help to its members in their daily work, but which might, in a certain sense, become the professional home of the medical men practising in its vicinity. This, after a few years, was rendered comparatively easy by the marked success of your *Journal*, which, under the guidance of its accomplished editor, has attained results almost, if not quite, phenomenal; and we, the members of this Society, have now the privilege, perhaps unique amongst medical societies in this world, at the cost of a half-guinea subscription, of not only obtaining the advantage which accrues from the attendance at meetings where the best work of highly-trained scientific and practical physicians and surgeons is brought forward, but also of receiving once a quarter a medical *Journal*, and, in addition, of enjoying freedom of access to a library well stored with current professional literature, and with a collection of books useful to the student and to the hard-working practitioner.

To those of us who have not yet passed the half-century, a medical library in Bristol is such a novelty that it will probably take us some little time to know how to use and value it properly; and we naturally look to the more experienced of the literary men around us to help us to the large extent which is in their power.

The Library is the direct outcome of the success of the *Journal;* and if it is to increase its efficiency, it must do so to a very large extent by the members of the Society extending in every possible way the circulation of the *Journal*, and by their own contributions raising more and more the literary standard of the publication. The Library ought also to react favourably on the roll of membership of the Society, for many should be attracted by the advantages it now offers.

In the summer of 1890, following upon a resolution which the Society passed pledging itself to formulate a scheme for the formation of a Medical Library, the Committee received a request from an influential and considerable number of members, asking that the Library might, if only in a small way, be begun at once. This the Committee was only too glad to do, and the establishment of a Literary and Philosophic Club—one of the main purposes of which was to gather under one roof the scientific societies of Bristol—afforded, at a moderate outlay, the seasonable opportunity of procuring a suitable *habitat* for that for which we were seeking; and on January 5th, 1891, Mr. S. H. Swayne, the President of the Society opened, in a well-appointed room and amid congenial surroundings, the Library of the Bristol Medico-Chirurgical Society.

Several members of the Society took up the matter with enthusiasm, and, by the aid of their generous donations, an auspicious beginning was made. The Committee of the Society supplied from the *Journal* reserve a handsome contribution of money—although it would be well not to draw too largely on this reserve, as a substantial sum should be kept in hand wherewith to meet any emergency which might overtake the *Journal*, or by which further expensive developments of it might be possible.

The Committee decided that all periodicals, some 80 in number, and all books received by the *Journal* for review, should go to the Library, and thus, without any very considerable outlay, a fair show was made. Many important and useful gifts were received from members and others soon after the opening of the Library. These gifts required considerable additions to the shelf accommodation, and now members have at their command a collection of between 1,800 and 1,900 volumes.

A list of these books, arranged under the alphabetical order of their authors' names, has been made, and was printed in the last issue of the *Journal.* Mr. Harsant, one of the associate-editors of the *Journal*, and I have struggled to make this list typographically correct; but doubtless there are in it some errors, and we shall be grateful to anyone who will be kind enough to point them out to us. I hope to find an early opportunity to classify the books in the Library under their subjects, and so make the Library more useful to the seeker in a hurry.

It would be obviously unfair to compare our small Library with

any of the magnificent collections so well known, and which are the result of long years of collecting, aided by munificent donations or bequests, or by national subsidy. But we have the potentialities of greatness, and it is given to every one to help to some extent. It is only natural that each member of the Society should take a pride in this—his—Library, and it is to be expected that he will do everything that in him lies to promote its efficiency by making it as complete as possible. Many who are unable to do anything considerable in a direction such as this are often timid about offering a small contribution; but I hope that no member of the Society will feel any hesitation on this score. Many sets require volumes for their completion, and a visit to a second-hand bookseller might nearly always result in bringing away at a very low price something which would be a welcome addition to a medical library. If it were not a book in frequent request, it might take a place among other top-shelf literature, to which an occasional student is glad to turn.

Owing to the good fortune of the Society in obtaining a room in the Club House of the Literary and Philosophic Club, our Library is open from 10 a.m. to 11 p.m. This is an advantage which those who find it most convenient to pay a visit to the Library at a late hour in the day will thoroughly appreciate, and is one which I am not sure that any other medical library is able to offer.

Some may think it desirable that provision should be made for taking books out; but although this would undoubtedly be a convenience to the few, it would be a serious inconvenience to the many, for it is a great disappointment and worry to make a special journey to a library for the purpose of looking up some particular point and then to find that the book we wish to see is not there. In a library like ours the circulation of books could only be satisfactorily managed by a rigid system of pains and penalties, the enforcement of which would be both irksome and painful; and the need does not, in the case of books we wish to consult, exist to the same extent it does in many other branches of literature. But there can scarcely be an objection to the loan of duplicate books, and it will give me great pleasure to prepare a list of those that we have, and to make arrangements for members to take them home.

Some simple by-laws for the regulation of the Library have been drawn up, and will be found on the notice-board in the room and in the circular convening this meeting. These explain themselves; but in the interest of the frequenters of the Library generally, I should like to call special attention to No. 5, which beseeches members to put back books and periodicals in the places from which they took them. Omission to do this causes much unnecessary inconvenience to other readers, and to the Librarian when making up sets of periodicals for the binder.

The function of a library is not only to supply a demand, but to create a desire, and in both these directions it is not too much to expect that this recent departure of the Society will confer a boon much valued by the local profession. The noteworthy productions of the leaders of the profession teem with references to the work of their predecessors, by which an accepted theory or a plan of treatment or the perfection of an operation has been attained, and it

is no slight advantage to be able on the spot to turn to these contributions. As all the books in the Library have passed through my hands, I may possibly know something more about our possessions than some of those who may seek the help to be afforded by them, and I shall be glad to impart any information I can, either by correspondence or by appointment at any time the enquirer may find convenient.

The following donations have been received since the publication of the List in September:

November 30th, 1891.

	£	s.	d.	
Edmund C. Board	5	5	0	
G. G. Corbould (1)				... 45 volumes.
D. S. Davies, M.B. (2)				... 1 volume.
James Fawn (3)				... 9 volumes.
J. H. Norman (4)				... 2 ,,
R. Shingleton Smith, M.D. (5)				... 10 ,,
Simeon Snell (6)				... 1 volume.
Surgeon-General U.S. Army (7)				... 1 ,,
S. H. Swayne (8)	5	0	0	and 31 volumes.
E. G. Tyrrell (9)				... 1 volume.

Unbound periodicals have been received from Mr. L. M. Griffiths and Mr. Norman.

Framed pictures have been presented by Mr. F. R. Cross, Mr. F. P. Lansdown, Miss Ethel Martyn, and Dr. J. G. Swayne.

SECOND LIST OF BOOKS.

The figures in brackets refer to the figures after the names of the donors, and show by whom the volumes were presented. The books to which no such figures are attached have either been bought from the Library Fund or received through the *Journal*.

Baynton, T. ...	*New Method of Treating Ulcers*	(3)	1797
Bird, G.	*Urinary Deposits*	2nd Ed.	1846
Boenning, H. C	*Text-Book of Practical Anatomy*		1891
Bourke, Capt. J. G.	*Scatalogic Rites of All Nations*		1891
Bramwell, B. ...	*Atlas of Clinical Medicine.* Vol. I. Part II... ...		1891

Budd, W. ... *Malignant Pustule* ... ... (3) 1863
,, ... *Variola Ovina* ... ... (3) 1863

Catalogue (Index) of Library of Surgeon-General's Office, U.S. Army Vol. XII. ... ... (7) 1891
Children, J. G. *Chemical Analysis* ... ... (8) 1819
Cloquet, H. ... *Anatomy.* (Tr. by R. Knox). ... ... 2nd Ed. 1831
Coombe, R. ... *Pocket Pharmacopœia* 1891
Cooper, Sir A.... *On the Testis.* 2nd Ed. (Ed. by B. B. Cooper)... 1841
,, ... *Dislocations and Fractures.* (Ed. by B. B. Cooper) 1842
Coupland, S. ... *Notes on the Examination of the Sputum, Vomit, Fæces, Urine, and Blood* ... ... 2nd Ed. 1891

Doudney, G. H. *The Water Cure in the Bedroom*... ... ... [1891]

Forbes, J. ... *Mesmerism True—Mesmerism False* ... ... (3) 1845

Godfrey, Rev. N.S. *Table-Turning* ... ... (3) 3rd Ed. 1853

Haller, A. ... *Physiology.* 2 vols. ... ... (8) 2nd Ed. 1772
Hunter, J. ... *Works.* (Ed. by J. F. Palmer.) 5 vols. Letter-press and Plates 1835–37

James, Rev. W. *Memoir of John Bishop Estlin* ... ... (3) 1855
Jones, H. M. ... *Diseases of Women and Uterine Therapeutics.* 5th Ed. 1891

Kerr, N. ... ... *Inebriety* ... ... (5) 2nd Ed. 1889

Larkin and R. Leigh, F. C. *Outlines of Practical Physiological Chemistry* ... ... 2nd Ed. 1891
Latham, P. M... *Diseases of the Heart.* Vol. I. ... ... 2nd Ed. 1846
Leigh, F. C. Larkin and R. *Outlines of Practical Physiological Chemistry* ... . 2nd Ed. 1891

Martyn, S. ... *Hospitals, Past and Present* ... ... (3) 1862
Miller, J.... ... *Principles of Surgery* 1844
Murray, J. ... *A System of Chemistry.* 4 vols. ... ... (8) 1806–7
Muskett, P. E. *Prescribing and Treatment for Infants and Children*... 1891

Nicholson, H. A. *Syllabus of Lectures on Zoology, &c.*... ... ... (3) 1870
Nissen, H. ... *A B C of Swedish Educational Gymnastics* 1891

Parkes, S. ... *The Chemical Catechism* ... ... (8) 3rd Ed. 1808
P[richard], A.... *Crosby Leonard* ... ... (3) [N.D.]
Prout, W. ... *On Stomach and Renal Diseases* ... ... 5th Ed. 1848

Remondino, P. C. *Circumcision* 1891
Rigby, E. ... *Midwifery* 1844
Roose, R.... ... *Nerve Prostration* ... ... 2nd Ed. 1821

Savill, T.... ... *Prescriber's Companion* ... . 2nd Ed. 1891
Scott, B. ... ... *A State Iniquity*... ... ... (9) 1890
Smith, R. W. ... *A Treatise on Fractures* 1850
Snell, S. ... ... *The Electro-Magnet and its Employment in Ophthalmic Surgery* ... ... (6) 1883
Surgical Practice, Golden Rules of ... ... [N.D.]
Swieten, Baron v. *Commentaries upon Boerhaave's Aphorisms.* 18 vols.. ... ... (8) 1776

Thin, G. ... ... *Leprosy*... 1891
Thomson, T. ... *A System of Chemistry.* 4 vols. ... (8) 5th Ed. 1817

Ure, A. ... ... *Dictionary of Chemistry* ... ... (8) 1821

TRANSACTIONS, REPORTS, JOURNALS, &c.

The List of current Periodicals to be seen in the Library is given in the Journal *for March.*

Hospital Annual, Burdett's, 1891-92... ... ...
International Clinics. Vol. II. 1891
Leeward Islands Medical Journal 1891
Medical Chronicle, The Vol. XIV. 1891
Medical Record, The Vol. XXXIX. 1891
New York Academy of Medicine, Transactions of the Vol. VII. 1891
Retrospect of Medicine, Braithwaite's. (1) Vol. I., 3rd Ed., 1842; (1) Vol. II., 2nd Ed., 1842; (1) Vol. V., 1842; (1) Vols. IX., X., 1844-45; (1) Vol. XVI., 1847; (5) Vols. XXXVI.—XXXVIII., 1858-59; (1, 5) Vol. XXXIX., 1859; (5) Vol. XL., 1860; (1) Vols. XLI.—LI., 1860-65; (1) Vols. LIII.—LXV., 1866-72; (1) Vols. LXVII., LXVIII., 1873-74; (1) Vols. LXX.—LXXVI., 1874-78; (1) Vols. LXXVIII., LXXIX., 1879; (1) Vols. LXXXI.—LXXXIII. 1880-81
St. Andrew's Medical Graduates' Association, Transactions of the Vols. I.—IV. ... ... (5) 1868-71
Somerset, Summary of the Reports of the Medical Officers of Health for the County of ... ... (2) 1891
Year-Book of Treatment, The ... ...(4) 1885; (4) 1886

SCRAPS

PICKED UP BY THE ASSISTANT-EDITOR.

Clifton Spa.—As there is now an attempt to restore Clifton and the Hotwells to something of its former reputation as a health-resort, it will be appropriate to quote some lines from "Clifton," a poem by that much neglected son of Bristol, Chatterton:—

Clifton, sweet village! now demands the lay,
The loved retreat of all the rich and gay;
The darling spot which pining maidens seek,
To give health's roses to the pallid cheek.
Warm from its font the holy water pours,
And lures the sick to Clifton's neighbouring bowers.
Let bright Hygeia her glad reign resume,
And o'er each sickly form renew her bloom.
Me, whom no fell disease this hour compels
To visit Bristol's celebrated wells,
Far other motives prompt my eager view;
My heart can here its favourite bent pursue;
Here can I gaze, and pause, and muse between,
And draw some moral truth from every scene.

* * * * * *

The yellow Avon, creeping at my side,
In sullen billows rolls a muddy tide;
No sportive Naiads on her streams are seen,
No cheerful pastimes deck the gloomy scene;
Fixed in a stupor by the cheerless plain,
For fairy flights the fancy toils in vain:
For though her waves by commerce richly blest,
Roll to her shores the treasures of the west,
Though her broad banks trade's busy aspect wears,
She seems unconscious of the wealth she bears.
Near to her banks, and under Brandon's hill,
There wanders Jacob's ever-murmuring rill,
That, pouring forth a never-failing stream,
To the dim eye restores the steady beam.

Chatterton, although he had at one time a desire to enter the medical profession, freely satirised the local doctors. Much of the satire is in his poem "The Exhibition," which for very good reasons has never been printed in full. Mr. Greig Smith in his *Abdominal Surgery*, 2nd Ed. p. 631, quotes from Chatterton some lines on one of the Bristol surgeons, and refers to "an unpublished, and unpublishable, poem now in the library of the Bristol Royal Infirmary."

Household Science.—A contemporary publishes the following amusing results of a late examination of girls in "Household Science." Their ages ranged from twelve to eighteen. They had entered from schools of all kinds, Government and private. Some questions concerning food and processes of cookery elicited the following answers: "Potatoes, when done, should be allowed to sit with a towel over them." "Tea, coffee, and cocoa are usually adulterated with beer, ale, and brandy." "Brown bread is more bulky and more spongy, and helps to distend the stomach better than white bread. Therefore it is more wholesome." "Brown bread forms a crust on the stomach." "Carbonaceous foods perform heat and make people fat; nitrogenous foods perform force." "Get a shoulder of mutton, trim it from the neck neatly, leave an inch or two of bare bone for a handle, add a pinch of pepper and salt; then put it on the pan and

six or seven minutes will cook it." "Begin to prepare cutlets by paring the chops of the sheep." "Do not throw away the small crags of mutton." "Have your frying-pan ruthlessly clean." "A few hours should be sufficient to cook a cutlet." "Cutlets should be boiled in cold water, and served cold with some parsley and warm potatoes." "Brown bread irritates the intestates." "Each cutlet should be an inch long." "Brown bread ruffles the inside of the gullet." Some of the suggestions given for the treatment of simple ailments were as follows: "Poison should be taken out with a tweezers." "If you want to keep a room healthy, sit in it with a bowl of lime-water." "In case of a convulsive fit, speak to the patient sharply." "Place the person who has fainted in a lying posture, keep him quiet, and wait till he comes round." "If you want to know your temperature, put a barometer into your mouth." "The heat of the body is produced by putting a thermometer in your mouth." A girl was told to draw out a classification of foods according to the work they perform. She drew diagrams of a cow and a sheep, and divided them into joints of butcher's meat. The following are the kaleidoscopic forms into which the term "warp and woof" was shaken: "the warft and the werft," "the waft and the wept," "the wift and the weft," "the werp and the warp," "the weave and the worp," "the worp and the wemp," "the theft and the weft," and "the yelp and the welp."

Medical Advertising.—A subscriber writes to me as follows:—"I have the originals of these two handbills, the second of which was circulated as late as 1857. The advertising in those days was more blunt, but probably not more effectual than the samples we have around us now."

NOTICE.

SURGEON TODD is going to set up in Pointspass a druggist's shop, nearly at the foot of Newry Road, upon the right hand of the street, and he is going to do the Publick at large the favour to inform them of his profession, he professes Surgery, Midwifery and Druggist to all those that will do themselves the favour to call upon him in time of need, and in like manner with the help of God he proposes to cure all the Disorders that the Human Body is liable to; and as for his Drugs, you shall have them at the most reasonable terms, and those that will come to his shop for medicines shall have directions how to use them and his advice gratis free.

remains yours,

Surgeon TODD.

April the 23rd, 1807.

TO THIS PLACE HAS COME
MR. MOSES EVANS,
SURGEON.
(Late of Bristol Infirmary.)

MR. M. EVANS returns his grateful acknowledgments to the candid public in general, and begs leave to inform them that he intends visiting this circuit four times a year. It is well known to all acquainted with him, that close application to business and upwards of 13 years practice has raised him to a degree of eminence in his profession. But he is not wishful to pass voluminous encomiums on his skill, as it may be satisfactorily proved by all who desire to know the nature and causes of their diseases, when this Bill will be called for to-morrow.

FIVE POUNDS REWARD. CAUTION!

In consequence of many unprincipled persons coming around this neighbourhood, representing themselves as being connected with Mr. Moses Evans, this is to give notice to the public, that he is the only person of that name visiting the circuit, who has received a Medical education; therefore any person who will give such information as will lead to their conviction, shall receive the above reward.

Cardiff, October 17, 1857. W. Jones, Printer, Bridgend House, Pontypridd.

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The Bristol Medico-Chirurgical Journal.

DECEMBER, 1891.

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